Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90100 020 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| DOCU   | MENT # <b>P9400</b> (   | 0088122   |   |  |               |
|--|---|---|---|--|---------------|
| i. Corporation                                 | THAIL   |   |   |  |               |
| KUVIN, ₹                                       | RESTANI & STETT   | IN, P.A.  |   | 1 18811881 178 18111 81811 88111 88111 88111 88181 18181 18181 1818 17818 17818 1  | 4 1441        |
|  |   |   |   |  |               |
| Principal Place                                | of Queinage   | Mailing Address   |   | -{   |               |
|  |   |   |   | • •  |               |
| 7211 S.W. 62ND AVE SUITE 200<br>MIAMI FL 33143 |   | 888 E LAS OLAS BLVD<br>710  |   |  |               |
|  |   | FT. LAUDERDALE FL 33301   |   | DO NOT WRITE IN THIS SPACE   |               |
|  |   | US  |   | 3. Date Incorporated or Qualifed   | Ì             |
|  |   |   |   | 12/05/1994   |               |
| 2. Principal P                                 | lace of Business  | 2a. Mailing Address   |   | 4. FEI Number Applied F  | $\overline{}$ |
| 21   | 4   | Suite, Apt. #, etc.   | <del></del>   | 65-0546128 Not Applie \$8.75 Addition  | $\overline{}$ |
| Suite, Apt.                                    | #, etc.   | — — · · · ·   |   | 5. Certificate of Status Desired Fee Required  | iai           |
| City & Stat                                    | e   | City & State  |   | 6 Flection Compaign Financing \$5.00 May 8   | $\overline{}$ |
| 23   | •   | 28  |   | Trust Fund Contribution Added to Fees  |               |
| Zip  | Country   | Zip   | Country   | 8. This corporation owes the current year Intangible   |               |
| 24   | 25  | 29 3  | 0   | Personal Property Tax. Yes No  |               |
|  | 9. Name and Address of Curre  | ent Registered Agent  |   | 10. Name and Address of New Registered Agent   |               |
| , ,  |   |   | 81 Name   | orrango D. Verrida   |               |
| 7000   | 6-11 PLEE 280.  |   | 82 Street Addr  | awrence P. Kuvin ess (P.O. Box Number is Not Acceptable)   |               |
|  | ESEMBOOKE HYE.  |   | 8   | 88 E Las Olas Blvd Suite 710   |               |
| 1 530  | <del>□-</del>   |   | [83] F  | ort Lauderdale, FL 33301   |               |
| Wiens  |   |   | 84 City   | 85 Zip Code  | $\neg \neg$   |
|  |   |   |   | FL   S   Z   F   Color   |               |
| 11. Pursuant office or r                       | to the provisions of Sections 607.05 equatered agent, or both in the Stat | i02 and 607.1508, Florida Statutes<br>e of Florida. Such change was aut   | i, the above-named corp<br>horized by the corporation | oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered   | d l           |
| agent. I a                                     | m familiar with, and secont the oblig                                     | ations of, Section 607.0505, Florid   | la Statutes.  | A 1 - 00   |               |
| SIGNATURE                                      |   | Lee - war and the same of the | egistered Agent signature require                     | d when reinstating)  DATE  | - {           |
| 12.  | <u> </u>  | ant and title if applicable. (NOTE: R   | 13.   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN   | 12            |
| TITLE  | D   | DELETE  | 1.1 TITLE   |  | ddition       |
| NAME   | TPVIS TE FRED   |   | 1.2 NAME  | •  | -             |
| STREET ADDRESS                                 | 121 SW. CEND AVE., COM  | <del>-2</del> 00  | 1.3 STREET ADDRESS                                    |  | ļ             |
| CITY-ST-ZIP                                    | MARKET COSTAN   |   | 1.4 CITY-ST-ZIP                                       | ·  | ]             |
| TITLE  | D   | ☐ DELETE  | 2.1 TITLE   | . Change A   | Addition      |
| NAME   | KUVIN, LAWRENCE P   |   | 22 NAME   | •  | Ì             |
| STREET ADDRESS                                 | 888 E. LAS OLAS BLVD.   |   | 2.3 STREET ADDRESS                                    | •  | ł             |
| CITY-ST-ZIP                                    | FORT LAUDERDALE FL 3333   | 5   | 2.4 CITY-ST-ZIP                                       |  |               |
| TITLE  | · · · · · · · · · · · · · · · · · · ·                                     | ☐ DELETE  | 3.1 TITLE   | ☐ Change ☐ A   | Addition      |
| NAME   |   |   | 3.2 NAME  | •  |               |
| STREET ADDRESS                                 |   |   | 3.3 STREET ADDRESS                                    |  |               |
| CITY-ST-ZIP                                    | <u></u>   |   | 3.4. CITY-ST-ZIP                                      |  | dditi         |
| TITLE  |   | ☐ OELETE  | 4 1 TITLE   | ☐ Change ☐ A   | Addition      |
| NAME   | 1   |   | 4. 2 NAME   |  | }             |
| STREET ADDRESS                                 |   |   | 4.3 STREET ADDRESS                                    |  | [             |
| CITY-ST-ZIP                                    | <u> </u>  | ☐ DELETE  | 4.4 CITY-ST-ZIP<br>5.1 TITLE                          | ☐ Change ☐ A   | Addition      |
| TITLE  |   |   | 5.1 TITLE<br>5.2 NAME                                 | , and the second of the second |               |
| NAME<br>STREET ADDRESS                         |   |   | 5.3 STREET ADDRESS                                    | · *  |               |
| CITY-ST-ZIP                                    |   |   | 5.4 CITY-ST-ZIP                                       |  | }             |
| TITLE  |   | ☐ DELETE  | 6.1 TITLE   | ☐ Change ☐ A   | Addition      |
| NAME   |   |   | 6.2 NAME  | _ · -  | ĺ             |
| OTDEET ADDRESS                                 |   |   | 6.3 STREET ADDRESS                                    |  | ł             |

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

1. \*\*TOTALLE\*\*

954–462–1809

1/10/99

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR