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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

ATIONS

DOCUMENT # P94000093558

1. Corporation Name

5. 17. 1 X / 1	,	-LURIDA DEPARTMENT
		Katherine Harri
		Secretary of State
		DIVISION OF CORPORA

FILED Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90273 038 ***150.00

	ASNOFF, P.A.		· · · · · · · · · · · · · · · · · · ·						
Principal Place		Mailing Address							
446 SE 14TH S Dania FL 3300		446 SE 14TH ST Dania Fl 33004					š		
US	••	US					RITE IN THIS	SPACE	
	•					 Date Incorporated or Qualife 12/28/1994 	ed		
2. Principal Pl	face of Business	2a. Mailing Address				4. FEI Number			Applied For
21	·	26				65-0549418			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			5 Additional Required
City & State	e	City & State				6. Election Campaign Financin	g 🗆		0 May Be
23		28		.m.t	-	Trust Fund Contribution			d to Fees
Zip	Country	Zip		intry		8. This corporation owes the Cu	urrent year Int	angible Yes	□No
24	25	29 29	30]	1		Personal Property Tax. 10. Name and Address of New	v Registered		
	9. Name and Address of (Junent Registered Agent		81	Name	10, Haine and Address of New		Sour	
KRA	SNOFF, LISA								
446	SE 14TH ST			82	Street Add	dress (P.O. Box Number is Not Accept	ptable)		
DAN	IA FL 33004			83		• .	,		
í				84	City		FL	85 Zi	p Code
11. Pursuant	to the provisions of Sections 60	07.0502 and 607.1508, Florida Stat	utes, the a	bove	-named cor	poration submits this statement for the	ne purpose oi	Ciralignig	its registered
11. Pursuant office or reagent. Las	m familiar with, and accept the	07,0502 and 607.1508, Florida Stat State of Florida. Such change was obligations of, Section 607.0505, F	ionda Stai	utes.			_	ntment as	registered
agent. Fai SIGNATURE	m familiar with, and accept the	obligations of, Section 607.0505, Fered agent and title if applicable. (NO	TE: Registere	d Agent		red when reinstating)	DATE	·	
agent. Fai	m familiar with, and accept the	obligations of, Section 607,0505, F	ionda Stai	d Agent			DATE	·	TORS IN 12
agent. Fai SIGNATURE	m familiar with, and accept the Signature, typed or printed name of registe OFFICE	obligations of, Section 607.0505, Fered agent and title if applicable. (NO RS AND DIRECTORS	TE: Registere	d Agent		red when reinstating)	DATE	ND DIREC	TORS IN 12
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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 supplied with the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or 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 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 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 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 supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report of the certification indicated on the information indicated on the information indicated on

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR