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

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90015 002 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT #	DOE000000E4
DOCONENT #	P9500000054

Principal Place of Business	Mailing Address
1835 PURDY AVE MIAMI BEACH FL 33139	1835 PURDY AVE MIAMI BEACH FL 33139
	20 Atolic Address
2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State City & State 28 Country Country Zip Zip 25 30

9. Name and Address of Current Registered Agent

5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year Intangible

Personal Property Tax.

01/03/1995

65-0549956

4. FEI Number

3. Date Incorporated or Qualifed

\$5.00 May Be

Added to Fees □No

Applied For

\$8.75 Additional

Fee Required

Not Applicable

TURCHIN, ROBERT L JR 1835 PURDY AVE MIAMI BCH FL 33139

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24

	10. Name and Address of New Registered Agent						
81	Name						
82	Street Address (P.O. Box Number is Not Acceptable)						
83			-				
84	City	FI	85	Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 607.0505. Florida Statutes.

agent. i a	in lamilar with, and accept the obligations of, Section 607.0005, the	iona ciatates.						
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NO	E: Registered Agent signature	required when reinst	ating)		DATE	<u> </u>	
12.	OFFICERS AND DIRECTORS	13.		DITIONS/CHANG	GES TO OF	FICERS A	NO DIRECTOR	RS IN 12
TITLE	ST DELETE	1.1 TITLE					hange	Addition
NAME	TURCHIN, ROBERT L	1.2 NAME		D .001	40			
STREET ADDRESS	*4501-N-MERIDIAN-AVE.	1.3 STREET ADDRESS	1835	PURDY BEACH	MVE.	2-1	50	,
	MIAMI BEACH FL-93140	1.4 CITY-ST-ZIP	MIAHI	BEACH	FZ	33/.	<i>ያ</i> ሃ	
CITY-ST-ZIP TITLE	MIAMI DEACH PC 33 140	2.1 TITLE	***********		/ -		☐ Change	Addition
		2.2 NAME					_ •	
NAME		•						
STREET ADDRESS	; 	2 3 STREET ADDRESS	•					
CITY-ST-ZIP		2. 4 CITY-ST-ZIP						Addition
TITLE	☐ DELETE	3.1 TITLE					Change	Addition
NAME		3.2 NAME						
STREET ADDRESS		3.3 STREET ADDRESS	1					
CITY-ST-ZIP		3.4. CITY-ST-ZIP	L					
TITLE	☐ DELETE	4.1 TITLE					Change	Addition
NAME :		4. 2 NAME						
STREET ADDRESS		4.3 STREET ADDRESS						
CITY-ST-ZIP		4.4 CITY-ST-ZIP		•				
TITLE	☐ DELETE	5.1 TITLE					Change	Addition
NAME		5.2 NAME						
STREET ADORESS		5.3 STREET ADDRESS	ł					
		5.4 CITY-ST-ZIP						
CITY-ST-ZIP	DELETE	6.1 TITLE	 				[] Change	Addition
TITLE) DELETE	62 NAME		4.2	٠.	, , ,	- :	•
NAME		1	1					1
STREET ADDRESS		6.3 STREET ADDRESS		. S	San	it.		

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 suppliemental 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: