SELLELNOW: 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**

DOCUMENT # P9500000166

1. Corporation Name

ANORTHITE OF FLORIDA, INC.

		Mailing Address			TI MÜŞİL MATAL SIMIN	Miliam Máir amhl
ONE SE THIRD				\		
MIAMI FL 33131 MIAMI FL 33131				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		
				12/30/1994	_	
2. Principal Place of Business 2a. Mailing Address			•	4. FEI Number	- At	oplied For
21		26		65-0554029	No	ot Applicable
Suite Apt.	. #, etc.	Suite, Apt. #, etc.		E Configure of Status Desired	• -	
22 Sij	te 2130	27 Juite 2130		5. Certificate of Status Desired	Fee Re	equired
City & Sta	ite	City & State		6. Election Campaign Financing		
23		28		Trust Fund Contribution	Added	to Fees
Zip	Country	Zîp	¬ ·			\
24	25		<u></u>			XINO
	9. Name and Address of Curren	t Registered Agent	- -	10. Name and Address of New Registere	a Agent	
005	DOUTE COPPORATION	Malling Address ONE SE THRD AVE. 1400 MIAMI FL 33131 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/30/1994 4. FEI Number 65-0554029 Not Applicable Suile, Apt. #, etc. 26 Suile, Apt. #, etc. City & State 27 Curite 2130 Country 28 Country 29 Country 20 Country 20 Country 21 Country 22 Added to Fees Added to Fees Address of Current Registered Agent 10. Name and Address of New Registered Agent ORPORATION DAVE, 1400 NK INTERNATIONAL CTR. Some Sections 607.0502 and 607.1508, Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered pent, 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 in the applicable in the Change was authorized by the corporation's board of directors. I hereby accept the appointment as registered in the applicable in the Change was authorized by the corporation's board of directors. I hereby accept the appointment as registered in the propose of changing its registered in the control of directors. I hereby accept the appointment as registered in the composition of Section 607.0505, Floridal Statutes. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 14. ADD. STREET ADDRESS DEEDALE FL DELETE 15. TITLE Change Addition Change Addition ORDITIONS Addition Addition ORDITIONS Addition 15. Certificate of Status Desired 16. Status Desired 16. Status Desired 17. Status Desired 18. Name 19. Name 10. Name and Address of New Registered Agent 10. Name and Address of New Registered 10. Name and Address of New Registe				
	COPROLITE CORPORATION ONE SE THIRD AVE, 1400 1400A SUNBANK INTERNATIONAL CTR. MIAMI FL 33131 B1 Name 82 Street Address (F.O. Box Number is Not Acceptable) Sun Frust International Center, Suited 83 One SE Third Avenue 84 City FL 85 Zip Code 1. 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 register of the purpose of changing its register of the purpose of changing its register of the purpose of the purpose of changing its register of the purpose of the purpose of changing its register of the purpose of the purpose of changing its register of the purpose of the purpose of changing its register of the purpose of the purpose of changing its register of the purpose of the purpose of changing its register of the purpose of the purpose of changing its register of the purpose of th				1 1 1/2	
		200		<u>ust International Cen</u>	ren, VI	HEXIX
MAMI FL 33131 Une SE Inited Avenue						
MIAMI FL 33131				JUNIO T VOIGO	85 Zip	Code
				<u>-</u> <u>-</u> <u>-</u>		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the above-named corp	poration submits this statement for the purpose on's board of directors. I bereby accept the app	ot changing its ointment as re	registered edistered
agent. I a	registered agent, or both, in the State of the mailiar with, and accept the obligation	tions of, Section 607.0505, Florida	Statutes.	ong poure of anotions. Thereby except and app		
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable. [NOTE: Registered Agent signature re					AND DIDEOTI	200 64 42
12.				ADDITIONS/CHANGES TO OFFICERS /		
TITLE	, DPT	C1 DETE IE	· ·		☐ Origing¢	
NAME	FUHRMANN, PETER		1			
STREET ADDRESS			1.3 STREET ADORESS			
CITY-ST-ZIP	FT. LAUDERDALE FL				C) Change	☐ Addition
TITLE	DVS	☐ DETFLE			LJ Grange	
NAME_	STERNLIEB, HERBERT					
STREET ADDRESS	100 00 1110					
CITY-ST-ZIP	FT. LAUDERDALE FL		·		—————	□ Addition
_iùre		UDELETE		فيمهاف جاريت مدم يبغوا أأأأ أأأ أراب الهدا أحفقا بالهيب المسا	TTicuande	
NAME	\		I ·			
STREET ADDRESS	6		3.3 STREET ADORESS			
CITY-ST-ZIP					————	T Addition
TITLE		☐ DELETE	4.1 TITLE		□ Change	□ Addition
NAME			4. 2 NAME			
STREET ADDRESS	3		4.3 STREET ADDRESS			
CfTY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE	,	☐ DELETE	5.1 TITLE		Change	☐ Addition

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.

5.2 NAME

6.1 TTTLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ Change

☐ Addition

FILED Apr 05, 1999 8:00 am Secretary of State

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