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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500001131

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

ΙάΙΟ	UNCHETE CORP								
Principal Place	e of Business	Mailing Address			-		AFILL BUTTLE BUTTLE		ENION HOU LOOK
2692 NW 64 TERR 2692 NW 64 TERR									
MARGATE FL 33063 MARGATE FL 33063						DO NOT WR	TE IN THIC	CDACE	
						3. Date Incorporated or Qualifect		SPACE	
						01/05/1995			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Apr	olied For
21 26						65-0544815		<u> </u>	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8.75 A	dditional
22 27						5. Certificate of Status Desired	'' <u>-</u>	Fee Rec	quired
City & State City & State						6. Election Campaign Financing		\$5.00 N	· .
23	28					Trust Fund Contribution		Added to	Fees
Zip						8. This corporation owes the cut	rent year Int		□No
24	25	29 30	<u>'l</u>			Personal Property Tax. 10. Name and Address of New	Registered		
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Currer	it Negistered Agent	81	Name		to, realise and place to the transfer			
DYK	STRA, MARYBETH			ļ					
2692 NW 64 TERR				82 Street Address (P.O. Box Number is Not Acceptable)					
MARGATE FL 33063			83						
								<u> </u>	
			84	City			FL	85 Zip C	ode
agent. I a SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered egently accept the obligation of the state of the	tions of, Section 607.0505, Florida 	Statutes			then reinstating) ADDITIONS/CHANGES TO O	DATE	· · · · · · · · · · · · · · · · · · ·	
12.	D	DELETE	1.1 TITLE		Δ			☐ Change	Addition
NAME	DYKSTRA, MARYBETH	~	1.2 NAME		113	ilham Brooke 12 My 64th Te argate, FL 330	dvKsti	a	-
STREET ADDRESS	2692 NW 64 TERR			T ADDRESS	34	92 NW 64th Te	rrace	<u>-</u>	ł
CITY-ST-ZIP	MARGATE FL 33063		14 CITY-S	T-ZIP	m	araate, FL 330	163		
TITLE	What Court is a court of the co	☐ DELETE	2.1 TITLE		, , ,	3-1-1		☐ Change	Addition
NAME	2.2 N		2.2 NAME						
STREET ADDRESS			2.3 STREE	ADDRESS		,			
CITY-ST-ZIP			2. 4 CITY-5	T-ZIP					
TITLE	☐ DELETE 3.1 TI		3.1 TITLE					☐ Change	☐ Addition
NAME			3.2 NAME						į
STREET ADDRESS			3.3 STREE	TADDRESS					1
CITY-ST-ZIP			3.4. CITY-S	T-ZIP					
TITLE		☐ DELETE	4.1 TITLE					Change	Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	TADDRESS					
CITY-ST-ZIP		C DELETE	4.4 CITY-S	T-ZIP				Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME					Change	□ vaninosi
NAME				ADORESS					į
STREET ADORESS			5.3 STREE 5.4 CITY-S						
CITY-ST-ZIP		DELETE	6.1 TITLE	1-2IF				☐ Change	Addition
TITLE			6.2 NAME					had arrange	
NAME STREET ADDRESS				ADDRESS				•	}

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 of the receipt of trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corpe Block 12 or Block 13 if chang

6.4 CITY-ST-ZIP

SIGNATURE: