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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000003628

1. Corporation Name

Principal Place of Business	Mailing Address	
20803 VIA MADEIRA DR	20803 VIA MADEIRA DR	
BOCA RATON FL 33433	BOCA RATON FL 33433	

FILED Mar 17, 1999 8:00 am Secretary of State

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	EWMAN & CO., INC.								
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Principal Place		Mailing Address							
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DUCA MATUN FL 33433		DO NOT V	DO NOT WRITE IN THIS SPACE						
					Date Incorporated or Quali	fed			
					01/13/1995				1
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		" Ц	Applied For]
21		26			65-0552381		الللل	Not Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desire	d 🗆	•	5 Additional	
22 .		27						Required	-
City & State	9	City & State			6,_Election.Campaign.Financi	ng 🗆 🗀)0 -мау Ве	-
23		28	C =		Trust Fund Contribution			ed to Fees	┥
Zip	Country	Zìp	Count	ry	8. This corporation owes the	current year Int	angible Yes	□No	
24	25	29	30		Personal Property Tax. 10. Name and Address of No.	w Registered			┨
<u> </u>	9. Name and Address of Curren	ir vedizisian võsur	8	1 Name	10. Italia alla Audioss di Ne	Itagiaiaidu			1
NFW	MAN, ALAN M								
1	3 VIA MADEIRA DR		8	2 Street	Address (P.O. Box Number is Not Acc	eptable)			
	A RATON FL 33433		8	3					1
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			8	4 City		FL	85 Z	ip Code	
ì	the applications of Continue 607 050	22 and 607 1509 Florida Statute	s the aho	us named	corporation submits this statement for		changing	its registered	-
44 Discourant							-4	rogistered	
11. Pursuant office or re	egistered agent, or both, in the State	of Florida. Such change was a	thorized b	y the corpo	oration's board of directors. I hereby a	ccept the appoi	nunent as	Siegistered	
11. Pursuant office or reagent. I as	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autions of, Section 607.0505, Florida.	ithorized b	y the corpo	oration's board of directors. I hereby a	ccept the appoi	nunent as	s registered	
11. Pursuant office or reagent. I as	,					GATE	nunent as		
SIGNATURE	Signature, typed or printed name of registered ager				oration's board of directors. I hereby a equired when reinstating) ADDITIONS/CHANGES TO	DATE			3
	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Aç	gent signatura r	equired when reinstating)	DATE		CTORS IN 12	100
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE:	Registered Aç	gent signature r	equired when reinstating)	DATE	ID DIREC	TORS IN 12	100,77
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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, with all other like empowered.

SIGNATURE:

