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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000021151

1. Corporation Name

Principal Plac 2300 GLADES SUITE 203 EAS	RD. IT	Mailing Address 2300 GLADES PD. SUITE 902 EAST			
BOCA RATON	FL 33431	BOCA RATON EL 33431		DO NOT WRITE IN TH 3. Date Incorporated or Qualifed	IIS SPACE
				03/06/1995	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	 	65-0565475	Not Applicable
Suite, Apt.	#, etc.	Spe Apt. # Stc.	970815	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State	ita, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	29 33 497	Country USA	This corporation owes the current year Personal Property Tax.	Intangible □Yes □No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
COL	IEN DONALD C		81 Name		
COHEN, DONALD G 2300 GLADES RD.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
SUITE 203 EAST			<u></u>		
BOCA RATON FL 33431			83		
			84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-pamed corporation submits this statement for the purpose of changing its registered					
office or o	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was a	authorized by the corporation	on's board of directors. I hereby accept the app	ointment as registered
SIGNATURE	The state of the s		on one of the original origin		
SIGNATORE	Signature, typed or printed name of registered agent		E: Registered Agent signature require		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	COUEN DONALD C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COHEN, DONALD G	ACT	1.2 NAME		
STREET ADDRESS	2300 GLADES RD., SUITE 203 E BOCA RATON FL 33431	CASI	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOUM HATON FL 33431	☐ DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ SELEIE	2.1 TITLE		Collarige C Addition
NAME			2.2 NAME		J
STREET ADDRESS	1		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2.4 CITY-ST-ZIP		Change Addition
NAME		C) scarce	3.2 NAME		2 orango (2 rodinon i
			l l		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS)
			4.4 CiTY-ST-ZiP		[
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		ا العدادات ال
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		j
TITLE		☐ DELETE	6.1 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.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

HAME OF SIGNING OFFICER OR DIRECTOR