PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT O STATE

Katherine Partis

Secretary of State DIVISION OF CORPORATIONS

DOCUN 1. Corporation	MENT # P95000	031575					
	OUSING, INC.						
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1							
Principal Place	of Business	Mailing Address		I reductor (ID IBIS) State Both above above			
2500 N.W. 39 S	π.	2500 N.W. 39 ST.		, .			
BOCA RATON FL 33434 BOCA RATON FL 33434 US				DO NOT WRITE IN THE	S SPACE		
US		00		3. Date Incorporated or Qualifed			
ł				04/19/1995			
2. Principal Pl	ace of Business	2a. Mailing Address			, , 	olied For .	
21		26		65-0577248		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A Fee Red		
22		27 City & State		6. Etection Campaign Financing	\$5.00		
City & State	•	28 Z8		Trust Fund Contribution	Added to		
Zip	Country	Zip	Country	8. This corporation owes the current year Ir	ntangible		
24	25	29 30	0	Personal Property Tax	— 🖾 Yes ~ 😁	No=	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	d Agent	<u></u>	٠
	DICHARD C		81 Name	SARY S. LEE			
,	RICHARD S N.W. 39 ST.		82 Street Add	dress (P.O. Box Number is Not Acceptable)			
	A RATON FL 33434		83	00 N.W. 39 SI.			
1 500	A RATON I E 30404						
ľ			84 City /	DIA RATON FI	85 Zip C	424	
da Duminati	to the ercuision of Section FOT 050	2.ond 607 1508. Florida Statutes	the above-named co	rporation submits this statement for the purpose of	of changing its	registered	
11. Pursuant	anistered attest, or both, in the State	of Florida, Such change was auti	horized by the corners	tion's board of directors. I become accept the appr	cintment as reg	gistered {	
Office of the	7.2	Name of Coation 607 DEDE Florid	la Statulae	and a doctor or an octor or 1 inches y docept and app.	^ ~		
•	m familiar with, and accept the obliga	tions of Section 607.0505, Florid	la Statutes.	rporation submits this statement for the purpose of the statement of of th	8-99		
SIGNATURE	/ and/le	1/resident (-	ia Statules. - A MY S. L. Cogistered Agent signature require	rad when reinstating) DATE	<u> </u>		(8)
SIGNATURE	Signature, typed or printed framed of regulared ages	Vresident (- nating tille if applicable. (NOTE: Ri ID DIRECTORS	agistered Agent signature requi	<u> </u>	ND DIRECTO	RS IN 12	11/98)
SIGNATURE 12. TITLE	Signature, typed or printing frame of registered ages OFFICERS AN	resident (NOTE: Re	opistered Agent algranture required 13.	rad when reinstating) DATE	<u> </u>		4 (11/98)
SIGNATURE 12. TITLE NAME	Signature, typed or printing flame of regulated again OFFICERS AN POLICE, GARY S.	Vresident (- nating tille if applicable. (NOTE: Ri ID DIRECTORS	egistered Agent signature requi 13. 1.1 TITLE 12 NAME	rad when reinstating) DATE	ND DIRECTO	RS IN 12	5034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printigational of regulated again OFFICERS AN PD LEE, GARY S. 2500 NW 39 ST	Vresident (- nating tille if applicable. (NOTE: Ri ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	rad when reinstating) DATE	ND DIRECTO	RS IN 12	R2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printing flamed of regulated ages OFFICERS AN PD LEE, GARY S. 2500 NW 39 ST BOCA RATON FL 33434	Vresident (- nating tille if applicable. (NOTE: Ri ID DIRECTORS	egistered Agent signature requi 13. 1.1 TITLE 12 NAME	rad when reinstating) DATE	ND DIRECTO	RS IN 12	CR2E034 (11/98)
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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 eath; that I am an officer or director of the corporationyor 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, of on an attachment with an address, with all other like empowered.

FILED

Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90203 029 ***150.00