FILE NOW: 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**

Dinainal Diago	of Punippen	Mailing Address					
Principal Place of Business 3710 NE 25TH AVE LIGHTHOUSE POINT FL 33064 US		3710 NE 25 AVE	3710 NE 25 AVE LIGHTHOUSE POINT FL 33064				
				3. D			
2. Principal Pla	ace of Business	2a. Mailing Addre	ss	4. F			
Suite, Apt. 1	#, etc.	Suite, Apt. #,	etc.	5. C			
City & State		City & State		6. E			
Zip 24	Country 25	Zip 29	Country 30	8. T			
	9. Name and Address of C	WITTEN REGISTERED AGENT MATCHEW E. M PENTHOUSE 2455 E. S	81	10. N			

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90113 046 ***150.00



Principal Place	e of Business	Mailing Address				•		
3710 NE 25TH	AVE	3710 NE 25 AVE						
LIGHTHOUSE POINT FL 33064		LIGHTHOUSE POINT FL.33064				•		
US		US		DO NOT WRITE IN THIS SPACE				
=		•			3. Date Incorporated or Qua	ılifed	-	
					04/27/1995		•)
		A Maritima Addanas			4. FEI Number	*	- I An	plied For
2. Principal Pi	lace of Business	2a. Mailing Address			65-0579490		<u> </u>	
21		26		00-0079490			t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desir	ed 🗌	\$8.75 A		
22		27		5. Certificate of Status Desired Fee Required				
City & State		City & State		6. Election Campaign Finan	cing -	\$5.00	May Be	
-	••	28			Trust Fund Contribution	Cing [Added t	,
23	Country	Zip	Country	,	a. This corporation owes the	current year in	tangible	
Zip	Country		-	1	Personal Property Tax.	cullent year ii	∏ Yes	□No
24	25		0			law Bagistaras		
	9. Name and Address of Curren	t Registered Agent		-	10. Name and Address of I	lew Registered	Agent	
0.44.7	TTED O OLIDIOTIANI AA	ATTHEW E. MORRA	<u>1</u> 81	Name	MATTHEW E.M	DOONL	. '	ļ
		DOTHOLSE WAS	T 4 83	Stroot Adds	ess (P.O. Box Number is Not Ad	centable)		
2900) E OAKLAND PARK BLVD-	PENTAGE WELL	= ec 121	Street Addition	THOUSE WEST	ceptable)		
SUIT	TE-200-	ATTHEW E. MORANT PENTHOUSE WES AGS E. SUNCIA FT. LAUDERDALE FL 33304	83					
F T I	AUDERDALE FL 33306	FT. LAUDERDALE	ا	2453	SE. SUNPISE	BLVD.		1
	STODE I DI ILLE FE-00000	FL 33304	84	City.			85 Zip (Code
				FTIL	AUDERDALE-	FI	-! 33	3304
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the abov	e-named corp	oration submits this statement for	r the purpose of	f changing its	registered
office or r	egistered agent or both in the State.	of Florida Such change was aut	nonzea ov	the corporation	on's board of directors. I hereby	accept the appo	intment as re	gistered
agent. I a	m familiar with, and accept the obliga	" 1 <i>X.A</i>	ia Statut es	5 .		3/18/	00	
SIGNATURE	1 nather ?	2. Vyant				1811		
	Signature, typed or printed name of registered ager		<u> </u>	nt signature required		OFFICERS A	ND DIDECTO	DC IN 12
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES T	OFFICERS A		Addition
TITLE	} D	☐ DELETE	1.1 TITLE				Change	☐ Audilion
NAME	NEWTON, JOHN R		1.2 NAME					
STREET ADDRESS	3710 NE 25TH AVE		1.3 STREE	TADDRESS				
i I	LIGHTHOUSE FL 33064		1.4 CITY- S	T 710	•			
CITY-ST-ZIP		DELETE	2.1 TITLE	31-ZIP		4	Change	Addition
TITLE	D	DELETE	1					
NAME	NEWTON, MICHAEL		2.2 NAME					
STREET ADDRESS	2930 MEDINAH		2.3 STREE	T ADDRESS				ì
CITY-ST-ZIP	WESTON FL 33332		2.4 CITY-1	ST-ZiP				
TITLE.	D	DELETE	3.1 TITLE			-	[_] Change	. 🗌 Addition
	- ·		3.2 NAME	1	-			
NAME	CALLAHAN, GILLIAN	,						1
STREET ADDRESS			3.3 STREE	TADDRESS				
CITY-ST-ZIP	WELLESLEY MA 02181							
	WELLESLET MIA UZ 101		3.4. CITY-	ST-ZIP				☐ Addition /
TITLE	WELLESLET MA UZIOT	☐ DELETÉ	3.4. CITY-1	ST-ZIP			Change	
	WELLESLET MA UZIOT	☐ DELETÉ			***		Change	
NAME		☐ DELETÉ	4.1 TITLE 4. 2 NAME		*		Change	
		☐ DELETÉ	4.1 TITLE 4. 2 NAME 4.3 STREE	T ADDRESS		<u></u>	Change	
NAME			4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY-S	T ADDRESS				_
NAME STREET ADDRESS		☐ DELETÉ	4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 City-5 5.1 Title	T ADDRESS			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY-S	T ADDRESS				_
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS				_
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE	ET ADDRESS ST-ZIP				_
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY. S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY. S 6.1 TITLE	ET ADDRESS ST-ZIP				_
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE 6.2 NAME	ET ADDRESS ST-ZIP			☐ Change	☐ Addition

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 chapted, of one analysis ment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP ·