FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P950,00034983 (3)

1. Corporatio	bool Service	Enternases	·Foc		
المارين المارين	jusi dei ree .	(// p	,		
Principal Plac	o of Business	Mailing Address			S. C.
·		•			
2000 BANKS R MARGATE FL 3		2000 BANKS ROAD #222 MARGATE FL 33063			
·		MANUATE 1E 20000	•	DO NOT WRITE	IN THIS SPACE
				3. Date Incorporated or Qualifed	_
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	•	26		1/25-0652798	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Constitute of States Province	\$8.75 Additional
22		27		Certifcate of Status Desired	Fee Required
City & Stat	e ·	City & State: *		6. Election Campaign Financing	\$5.00 May Be
23	·	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zîp	Country	8. This corporation owes the current	t year Intangible
24	. 25		30	Personal Property Tax.	X Yes □ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
SHE	IANDRON, KENNETH		81 Name	vactor. Kenneth	`
001			82 Street Ad	ldress (P.O. Box Number is Not Acceptabl	e)
			900	DO Banks reaco	<u> </u>
	, - -	,	83 544	8 222	
			84 City	C 330-	85 Zip Code
			Ma	rgat	FL 33063
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with and accept the obligation	and 607.1508, Florida Statute f Florida, Such change was au ans A. Section 607.0505, Flor	es, the above-named co thorized by the corpora ida Statutes.	rporation submits this statement for the putition's board of directors. I hereby accept the	rpose of changing its registered he appointment as registered
SIGNATURE	Mand Chil	n 11	errere Suna	used thes.	7/11/89
40	Signature, typed or printed name of registered agent		Registered Agent signature requ		DATE .
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFI	Change Addition
1	r -	CI DELETE	1.1 TITLE	Ladra Kasall	Change (E) Addition
NAME	SUHANDRON, KENNETH		1.2 NAME	WYNDUT KANCTI	#222
STREET ADDRESS	• .		1	Lices of State	3
CITY-ST-ZIP TITLE		☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	My yax, Funda	Change ☐ Addition
NAME		المامان المامان	ľ		E one ige
			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE -		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	•		3.1 IIICE 3.2 NAME		
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
		(
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME	,		4. 2 NAME		_ through
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		•
CITY-ST-ZIP			4.4 CiTY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	,		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		_ • •
STREET ADDRESS			6.3 STREET ADDRESS		
	,		6.4 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 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

FILED

Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90026 027 ***158.75