## 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

## DOCUMENT # P95000044093

1. Corporation Name

## **FILED** Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90033 046 \*\*\*150.00

Principal Place of Business	Mailing Address					
2161 PALM BEACH LAKES #301	2161 PALM BEACH LAKES				•	
WEST PALM BEACH FL 33409 WEST PALM BEACH FL 3340		na na		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		
				05/30/1995		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Арг	olied For
21	26			NOT APPLICABLE		Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5 - Certifcate of Status Desired	\$8.75 A	
22	27				Fee Rec	•
City & State	City & State			6. Election Campaign Financing	□ \$5.00 t	. ,
23	28	0		Trust Fund Contribution	Added to	o Fees
Zip Country	Zip	Country		8. This corporation owes the currer		MNo
25 9. Name and Address of Current		30		Personal Property Tax.  10. Name and Address of New Re		23110
9. Name and Address of Current	r vedisteren våerk	81	Name -	10, Hallie alla Addicas et Hewitte	<u></u>	
FRIEDLANDER, CARY P						
2161 PALM BEACH LAKES BLVD #30	01	82	Street Addre	ss (P.O. Box Number is Not Acceptable	le)	
WEST PALM BEACH FL 33409		83				
				<u> </u>	,	
		84	City		F1 85 Zip C	code
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of the sections of Sections 607.0502 office or registered agent, or both, in the State of the section of the sect	2 and 607,1508, Florida Statute	es, the above	-named corpo	ration submits this statement for the pi	urpose of changing its	registered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	of Florida. Such change was au	ithorized by t	the corporation	s board of directors. I hereby accept	the appointment as reg	gistered
	ions of, Section oor. 0505, Fior	ida Olalaios.		•		i
						[
SIGNATURE Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Agent	t signature required	when reinstating)	DATE	
SIGNATURE Signature, typed or printed name of registered agent  12. OFFICERS ANI	D DIRECTORS	Registered Agent	t signature required	when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	
Signature, typed or printed name of registered agent  12. OFFICERS ANI  TITLE S			t signature required			RS IN 12
12. OFFICERS ANI TITLE S NAME COOPER, ALLAN G	D DIRECTORS  DELETE	13.	signature required		CERS AND DIRECTO	
12. OFFICERS ANI TITLE S NAME COOPER, ALLAN G STREET ADDRESS 2161 PALM BEACH LAKES BLV	D DIRECTORS  DELETE	13. 1.1 TITLE			CERS AND DIRECTO	
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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 12 or Block 13 if changed, or on an apparament with presidences, with all other like empowered.

SIGNATURE:

GURED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARY P. FRIEDLANDER 1/25/99