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

PROFIT CORPORATION ANNUAL REPORT

1999



DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

02-20-1999 90139 010 ***150.00

| DOCU 1. Corporatio J.F.G., I | | 0055150 | | | | | |
|---|--|----------------------------------|---------------------|----------------------|--|--|---------------------------------------|
| Principal Plac | e of Business | Mailing Address | | | | IN DIIN DIIN IINDI | BAND BON 1884 |
| 4030 NW 120TH WAY 4030 NW 120TH WAY | | | | | ** | | * |
| SUNRISE FL 33323 SUNRISE FL 33323 | | | | | | | |
| | | • | | | DO NOT WRITE IN TH | IS SPACE | |
| | | | | | 3. Date Incorporated or Qualifed 07/12/1995 | | |
| Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | App | plied For |
| 21 26 | | | | | 65-0602773 | | t Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | 5. Certifcate of Status Desired | \$8:75-∕∧ | |
| 22 27 | | | | | <u> </u> | Fee Re | quired |
| City & State City & State | | | | | 6. Election Campaign Financing | \$5.00 | • |
| 23 | | 28 | | | Trust Fund Contribution | Added to | o Fees |
| Zip | Country | Zip | Cour | ntry | 8. This corporation owes the current year | | |
| 24 | 25 | 29 | 30 | | Personal Property Tax. 10. Name and Address of New Registers | Z | □No |
| | 9. Name and Address of Curre | eur veðisreten Håaur | | 81 Name | IV. Italiie and Address of New Registere | A Whent | |
| GUT | KIN, JEWEL | | L | | | | |
| 4030 NW 120TH WAY | | | | 82 Street Ad | ddress (P.O. Box Number is Not Acceptable) | • | |
| SUNRISE FL 33323 | | | | 83 | | | |
| | | | L | | | | |
| | | | | 84 City | F | 85 Zip C | ode |
| office or r | to the provisions of Sections 607.01 registered agent, or both, in the Stat im familiar with, and accept the oblic | te of Florida. Such change was a | authorized | by the corpora | proration submits this statement for the purpose ation's board of directors. I hereby accept the app | of changing its on the of changing its of changing its of change its of change its of change its of changing i | registered jistered |
| | Signature, typed or printed name of registered a | | | Agent signature requ | uired when reinstating) DATE | | |
| 12. | T | AND DIRECTORS | 13. | - 1 | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTOR Change | RS IN 12 |
| TITLE | D CHTZIN EDED M | □ nerete | 1.1 TfT | | | ☐ cuande | Addition |
| NAME | GUTKIN, FRED M 4030 NW 120TH WAY | | 1.2 NA) | | | | |
| STREET ADDRESS | l l | | 1 | REET ADDRESS | | | |
| CITY-ST-ZIP | | | 1.4 CIT 2.1 TITI | Y-ST-ZIP | | ☐ Change | Addition |
| TITLE | | | | 1 | | Change | [_] Addition [|
| NAME | GUTKIN, JEWEL 4030 NW 120TH WAY | | 2.2 NAM | | | | 1 |
| STREET ADDRESS | SUNRISE FL 33323 | | | REET ADDRESS | | ٠. | |
| CITY-ST-ZIP TITLE | SUNNISE PL 33323 | ☐ DELETE | 2. 4 CH | Y-\$T-ZIP | المرابع المراب | Change - | \ Addition |
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| STREET ADDRESS | | | | | | | |
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| TITLE | | ☐ DELETE | 4.1 TITL | | | ☐ Change | Addition |
| NAME | | | 4. 2 NA | | | _ • | |
| STREET ADDRESS | | | | EET ADDRESS | | | |
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| TITLE | | ☐ DELETE | 5.1 TITL | | · · · · · · · · · · · · · · · · · · · | Change | Addition |
| NAME | | | 5.2 NAM | | • | | _ |
| STREET ADDRESS | | | 5.3 STR | EET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CIT | (-ST-ZIP | | | Į |
| TITLE | | ☐ DELETE | 6.1 TITL | E | | ☐ Change | Addition |
| NAME | | | 6.2 NAA | Æ | | • | |
| STREET ADDRESS | | | 6.3 STR | EET ADDRESS | | | |
| | | | 6.4.C/D | (CT 71D | | | |

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.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR