## 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

## Mar 24, 1999 8:00 am **Secretary of State**

03-24-1999 90092 044 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

## DOCUMENT #

1. Corporation Name

City & State

23

24

Zip

25

KORN, GARY A

SUITE 200

20803 BISCAYNE BLVD.

**AVENTURA FL 33180** 

D. 1.10 (D. 1)	BA-III Address	
Principal Place of Business	Mailing Address	
307 SOUTH 21ST AVENUE . HOLLYWOOD FL 33020	307 S 21ST AVE HOLLYWOOD FL 33020 US	
2. Principal Place of Business	2a. Mailing Address	
Principal Place of Business     Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	_

29

9. Name and Address of Current Registered Agent

City & State 28 Country Country Zip

3. Date Incorporated or Qualifed 07/20/1995 4. FEI Number Applied For 65-0595318 Not Applicable

Fee Required \$5.00 May Be Election Campaign Financing  $\Box$ Added to Fees Trust Fund Contribution

This corporation owes the current year Intangible Personal Property Tax.

10. Name and Address of New Registered Agent

\$8.75 Additional

81 82

5. Certificate of Status Desired

83

84 City

30

<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation st</li> </ol>	nomits this statement for the purpose of changing its register
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board	d of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	$\sim 11$
	711/2199
IGNATURE/	
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinst	stating) DATE

agenit. I am familiar with, and accept the obligations of, Section 607.0505, Plonda Statutes.						
SIGNATURE Signature, types or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TILE .	PD DELETE	1.1 TITLE	☐ Change ☐ Addition			
NAME	HIRSCH, HERBERT	1.2 NAME				
STREET ADDRESS	307 SOUTH 21ST AVENUE	1.3 STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33020	1.4 CITY-ST-ZIP				
TITLE	VD DELETE	2.1 TITLE	☐ Change ☐ Addition			
NAME	BIRDMAN, HARVEY	2.2 NAME				
STREET ADDRESS	307 SOUTH 21ST AVENUE	2.3 STREET ADDRESS				
CITY-ST-ZIP, -	HOLLYWOOD FL 33020	2.4 CITY-ST-ZIP				
IIILE	<b>VTD</b> □ DELETE	3.1 TITLE	☐ Change ☐ Addition			
NAME	BIRDMAN, DIANE	3.2 NAME	+			
STREET ADDRESS	307 SOUTH 21ST AVENUE	3.3 STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33020	3.4, CITY-ST-ZIP				
TITLE	VSD DELETE	4.1 TITLE	☐ Change ☐ Addition			
NAME '	BIRDMAN, LOUIS	4, 2 NAME				
STREET ADDRESS	307 SOUTH 21ST AVENUE	4.3 STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33020	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 ADORESS	<b>u</b>	6.3 STREET ADDRESS				
•		0.4.000V DT 710	į			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Ftorida 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 cha

SIGNATURE: