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

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90062 001 ***150.00

DOCUMENT # P95000057783

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Principal Pl	ace of Business	Mailing Address	·				
440 COLUMI	BIA DRIVE	440 COLUMBIA DRIVE					*****
500		500					
WEST PALM BEACH FL 33409		WEST PALM BEACH FL 33409		DO NOT WRITE IN THIS SPACE			
08		US			3. Date Incorporated or Qualifed	TE IN THIS SPACE	
<u> </u>					07/24/1995		
	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0365254	 	Applied For
Suite, Ap	it. #, etc.	Suite, Apt. #, etc.		J		\$9.7	Not Applicable 5 Additional
City & St		27			5. Certifcate of Status Desired		Required -
<u> </u>	ate	City & State			6. Election Campaign Financing	¢s o	May Be
Zip		28			Trust Fund Contribution		d to Fees
24	Country	Zip	Country	/	8. This corporation owes the curre		.0100
24;	25	29	30		Personal Property Tax.	Z ves	□No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	egistered Agent	
CA	SS, MARTIN CPA		81	Name	,		
	OCOLUMBIA DRIVE		82	Street Addre	on (D.O. Barrati		
	ST PALM BEACH FL 33409		02	Sueer Addie	ss (P.O. Box Number is Not Acceptab	ole)	
""	OT FALM BEACH PL 33409		83				
			ļ	<u> </u>			
			84	City		85 Zij	Code
11. Pursuant	t to the provisions of Sections 607.050; registered agent, or both, in the State of am familiar with, and accept the obligat	2 and 607.1508, Florida Stati	utes, the above	e-named como	ration submits this statement for the	FL 65 21	
agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was	authorized by	the corporation	i's board of directors. I hereby accept	urpose of changing i the appointment as	ts registered
SIGNATURE		.ons of, decilott 007.0305, F	iorida Statutes.	•			ogisiciou
CIGITATORE	Signature, typed or printed name of registered agent	t and title if applicable (NO)	TE: Pagintared Asses	t signature required v			
12.	OFFICERS ANI		13.	signature required y		DATE	
TITLE	DP	☐ DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFI		ORS IN 12
NAME '	CASS, MARTIN			· · · · · · · · ·			
STREET ADDRESS	5713 HIGH FLYER ROAD, SOU		1.2 MANE			☐ Change	Addition
CITY-ST-ZIP		TH	1.2 NAME			L_J Change	Addition
	PALM BEACH GARDENS FL 33	TH 418	1.3 STREET	l		L.J Change	Addition
TITLE	PALM BEACH GARDENS FL 33 STD	418	1.3 STREET	l		L Change	Addition
T/TLE NAME	STD	TH 418	1.3 STREET 1.4 CITY-ST 2.1 TITLE	l		Change	Addition
NAME	STD Levy, Howard S	418	1.3 STREET	l			
NAME STREET ADDRESS	STD LEVY, HOWARD S 3124 S W MARCO LN	418	1.3 STREET 1.4 CITY-ST 2.1 TITLE	-ZIP			
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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 elock 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: