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PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # P95000067123

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90284 045 ***150.00

1. Corporation CHED IN	IC.	Mailing Address					
7428 SW 14TH CT. 1323 S ST RD7 N. LAUDERDALE FL 33068 SUITE 460							
		N LAUDERDALE FL 33068			DO NOT WRITE IN T	HIS SPACE	
us				-	3. Date Incorporated or Qualifed 08/28/1995		
2. Principal Place of Business 2a. Mailing Address				-	4. FEI Number	Apı	olied For
1 26			<u> </u>		65-0616111	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 A Fee Re	
City & State City & State				·-···	6. Election Campaign Financing	\$5.00	May Be
:3		28			Trust Fund Contribution	Added to	
Ziố 17	Country	Zip	Count	try	8. This corporation owes the current year		_
24	25		30		Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent		4 1	10. Name and Address of New Registe	red Agent	
GAG	BER, ALAN		,	31 Name			
	SW 12 ST		1	32 Street Add	lress (P.O. Box Number is Not Acceptable)		
APT. 208A			-	33			
NORTH LAUDERDALE FL 33068			'	53			
1101			1	34 City		FL 85 Zip C	Code
SIGNATURE		ND DIRECTORS	Registered A	gent signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
TITLE	P	☐ DELETE	1.1 TITL	E		Change	Addition
NAME	CHIN, GEORGE		1.2 NAM				
STREET ADDRESS	7428 SW 14TH CT			EET ADDRESS			
CITY- ST-ZIP	N LAUDERDALE FL	☐ DELETE	1.4 CITY 2.1 TITL	ST-ZIP		Change	Additio
TITLE	CHIN, IAN	·					
NAME	TARROUND AATTLE OT		2.2 NAM	EET ADDRESS	· ·		•
STREET ADDRESS	N LAUDERDALE FL		l i	Y-ST-ZIP			
CITY-ST-ZIP TITLE	VP	☐ DELETE	3.1 TITL			Change	Addition
NAME	CHIN, LAVERN	_	3.2 NAM		•		
STREET ADDRESS	7400 OW 44 OT		3.3 STR	EET ADDRESS			
C(TY-ST-ZIP	N LAUDERDALE FL 33068		3.4. CIT	Y-ST-ZiP			
TITLE		☐ DELETE	4.1 TITL	E		Change	☐ Additio
NAME			4. 2 NA	Æ			
STREET ADDRESS			4.3 STR	EET ADDRESS			
CITY+ST+ZIP				ST-ZIP			
TITLE		☐ DELETE	5.1 TITL	I .		Change	Additio
NAME	, , , , , , , , , , , , , , , , , , , ,	2 - 1	5.2 NAM	-	- با	ے۔ یہ سس	
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP	<u> </u>	☐ DELETE	5.4 CITY	-ST-ZIP		Change	☐ Additio
TITLE		□ pere ie	6.2 NAM				· · · · · · · · · · · · · · · · · ·
NAME				EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			1	-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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-15-99 730-9948