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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P 95 0000 72206

SOUTH FLORIDA PREMETICAS, INC.

Principal Place of Business

Mailing Address

May 13, 1999 8:00 am Secretary of State

05-13-1999 90016 016 ***158.75

905°	10 5.00. 57 3 5.4	¿c ls					
BOCA RATON TR 33428				DO NOT WRITE IN THIS SPACE			
) - · ·	, , ,				3. Date Incorporated or Qualifed 9/18/19	95,	
	Place of Business	2a. Mailing Address			4. FEI Number	/	pplied For
		26 3185 CUS	3185 CUSTER AVE		65-0612484	N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		\$8.75 Additional Fee Required	
City & State 23 CAIKE WORTH FL		City & State - 28 LAKE WORTH FL		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
— Zip ⊋>	Country 25	Zip 33467 3	Country		8. This corporation owes the current y		
24 53		120	0		Personal Property Tax.	☐ Yes	Mo
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Regis	tered Agent	
C -	MUNDET BER	.			ZANK FERRARA		
SCHWARTZ, ROBERT D. 9096 PINES SPRINGS DRINE					ress (P.O. Box Number is Not Acceptable)		
	CCA RATON, FL		84	City L	AKE WORTH	FL 85 Zip	Code 3467
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auth	norized by the	amed corp	poration submits this statement for the purpon's board of directors. I hereby accept the	ose of changing its	registered
SIGNATURE	· · · · · · · · · · · · · · · · · · ·						
	Signature, typed or printed name of registered agent a			gnature require		ATE	
	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D	☐ DELETE	1,1 TITLE	- }		Change	☐ Addition
NAME	FERRARA, FRANK	•	1.2 NAME				1
STREET ADDRESS	2311		1.3 STREET AD	DRESS			Į.
CITY-ST-ZIP	LAKE WORTH, FL 35461		1.4 CITY-ST-Z	IP			
TITLE	, □ DEFELE		2.1 TITLE	Ì		☐ Change	Addition
NAME			22 NAME	i)
STREET ADDRESS			2.3 STREET AD	DRESS			+
CITY-ST-ZIP				IP .			
TITLE	- → □ DELETE		3.1 TITLE	1	<u></u>	☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS	DORESS		3 3 STREET ADDRESS				1
CITY-ST-ZIP			34 CITY-ST-ZIP				
TITLE	DELETE		4.1 TITLE	1		☐ Change	☐ Addition }
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREET AD	DRESS			
CITY-ST-ZIP		4.4 C		P		(7) (2)	D Addition
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME	DREGO			
STREET ADDRESS			5.3 STREET AD				
CITY-ST-ZIP			54 CITY-ST-ZI	۲			
TITLE		☐ DELETE				☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET AD				
CITY 97 7/D			64 CITY-ST-7I	p l			1

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 exporation 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:

M FRAMK FERRARA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-252.3500