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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000073105

Corporation Na		7/3/03			i e			
ayron's A	ASSETS INC.				CHARACTER DE COME SEUD SEND ELLA DEUX ESDE			
		Mailing Address						
Principal Place of Business C/O FRYE-LOUIS								
O FRYE-LOUIS 225 W WACKER DR. #1000		225 W WACKER DR., #1000			DO NOT WRITE IN THIS SPACE			
5 W WACKER DR #1000 CHICAGO 1L 60606 ICAGO 1L 60606					3. Date Incorporated or Qualifed			
					09/21/1995	Applie	ed For	
		2a. Mailing Address			4. FEI Number		pplicable	
Principal Place of Business		26			65-0616007	\$8.75 Ad	ditional	
L And # oto		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required		ired	
Suite, Apt. #,	etc.	27			6. Election Campaign Financing	\$5.00 M	lay Be	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution Added to Fees			
City & State		28	Country		8. This corporation owes the current year	Intangible	7	
Zip	Country	Zip 30	٠ .		Demonal Property Tax.]No	
_ .	25	29	<u>'\</u>		10. Name and Address of New Registere	a Agent		
	9. Name and Address of Curre	nt Kegistered Agent	81					
I INITE	D CORPORATE SERVICES, IN	C.	82	Street Add	Iress (P.O. Box Number is Not Acceptable)	, ,		
ONITE	ORTH EAST 167TH STRET					1	· .	
SUITE 300			83				85 Zip Code	
NORTH MIAMI BEACH FL 33162			84	City		51 /		
			1 (*				registered	
			Registered Age	ent signature requ	DATE	AND DIRECTO	RS IN 12	
	Ol and an arrinted name of registered a	gent and title if applicable. (NOTE: F	Registered Age	ent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	RS IN 12	
SIGNATURE	Signature, typed or printed name of registered a OFFICERS /		Registered Age	ent signature requ	DATE	S AND DIRECTO	RS IN 12	
SIGNATURE	Signature, typed or printed name of registered a OFFICERS /	gent and title if applicable. (NOTE: F	13.	ent signature requ	DATE	S AND DIRECTO	RS IN 12	
SIGNATURE 12. TITLE VAME	Signature, typed or printed name of registered a OFFICERS / DVP WICK, MYRON	gent and title if applicable. (NOTE: F	13. 1.1 TITLE	ent signature requ	DATE	S AND DIRECTO	RS IN 12	
EIGNATURE 12. ITLE IAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS / DVP WICK, MYRON 944 CHESTNUT ST	gent and title if applicable. (NOTE: R AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY-	ent signature requires	DATE	S AND DIRECTO	RS IN 12	
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14. I hereby certify that the information supplied with this filling 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 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: