PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF S

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 24, 1999 8:00 am Secretary of State 02-24-1999 90032 041 ***150.00

DOCUMENT	#	P95000081	1308

1. Corporation TEEN AI Principal Place 2897 STIRLING FT. LAUDERDAI	NGEL, INC. a of Business ROAD	Mailing Address 3731 N. 55 AVENUE HOLLYWOOD FL 33021		DO NOT WRITE		
ł	·			3. Date Incorporated or Qualifed		
1				10/24/1995		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26	<u></u>	65-0620347	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	e	City & State		6. Election Campaign Financing	\$5:00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current		
24	25		30	Personal Property Tax.	ØYes □No	
	9. Name and Address of Current	t Registered Agent	B1 Name	10. Name and Address of New Reg	Istareo Agent	
l kov	LER, KERRI		B1 Name	ANDREW KOVLER		
1	N. 55 AVE.		82 Street	Address (P.O. Box Number is Not Acceptable)	
	LYWOOD FL 33021		83	2/31 N. 77 WK	-•	
1,00	E11100011 000E1		83	Holly woon fl		
			84 City		E 85 Zip Code	
	10.40 001 050	and 607 4500 Election Statute	e the above named	composition submits this statement for the DUI	nose of changing its registered	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed same of registered agen	I and title if applicable. (NOTE:	Registered Agent signature	equired when reinstating)	DANE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	P	☐ DELETE	11 TITLE		Change 🗀 Addition	
NAME	Kovler, Kerri		12 NAME		<u>8</u>	
STREET ADDRESS	3731 N. 55TH AVENUE		1.3 STREET ADDRESS		[<u>H</u>	
CITY-ST-Z/P	HOLLYWOOD FL 33021		1.4 CITY-ST-ZIP			
TITLE	Rice Presi-lens	→ □ DELETE	2.1 TILE	vice - president	Change (SyAddition)	
NAME	Angen Miles		22 NAME	ANDREW KOVLER)	
STREET ADDRESS	2731 N ST AVE	-	2.3 STREET ADDRESS	373, N. S.S. Ave.		
CITY-ST-ZIP	Maily wood FL	101-1	2.4 CITY- \$T-ZIP	Holly word PL 33021	E Change D saddon	
mile		□ DELETE	3.1 TITLE	'	☐ Change ☐ Addition	
NAME			3.2 NAME		· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS			3.3 STREET ADDRESS			
CHY-ST-ZIP			3.4. CITY-ST-ZIP		Change Addition	
TITLE		☐ DELETE	4.1 TITLE		Gorando Grand	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS	•		
CITY-ST-ZIP		□ Decrete	4.4 CHY-ST-ZIP		Change Addition	
me		☐ DELETE	5.1 TITLE 52 NAME			
NAME	}		5.3 STREET ADDRESS		}	
STREET ADDRESS			5.4 CITY-ST-ZIP			
CTY-ST-ZIP		☐ DELETE	6.1 TITLE	 	☐ Change ☐ Addition	
IIITE	ĺ		6.2 NAME	•	_ -	
NAME	}		6.3 STREET ADDRESS	1	\	
STREET ADDRESS			64 CITY-ST-ZIP		.	
CITY-ST-ZIP.	l		0.7.001.28			

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 ceth; 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: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR