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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000088999

IAK, INC.

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90024 006 ***150.00

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| , morpara.c. | of Business | Mailing Address | | | j · | | |
|--|---|-----------------------------|---|---|--|-------------|--------------------|
| | T FOURTH AVENUE | 600 SOUTHWEST FOURT | | | · | | |
| FORT, LAUDERD | ALE FL 33315 | FORT LAUDERDALE FL 3 | 33315 | | DO NOT WRITE IN THIS S | PACE | |
| | | | | | 3. Date incorporated or Qualifed | | |
| | | | | | 11/20/1995 | | |
| 2 Principal Pl | ace of Business | 2a. Mailing Address | | · | 4. FEI Number | | Applied For |
| 2. Thiopart | add of pasificas | 26 | | | 65-0620532 | | lot Applicable |
| Suite, Apt. | # etc | Suite, Apt. #, etc. | | | | | Additional |
| 22 | ., | 27 | | | 5. Certifcate of Status Desired | Fee F | Required |
| City & State | <u> </u> | City & State | - | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | , | 28 | | | Trust Fund Contribution | | I to Fees |
| Zip | Country | Zip | Соц | ıntry | 8. This corporation owes the current year Intar | ngible | |
| 24 | 25 | 29 | 30 | | Personal Property Tax. | Yes | □No |
| | 9. Name and Address of Current | | | | 10. Name and Address of New Registered A | gent | |
| _ | | | _ | 81 Name | | | |
| | NOWITT, IDELLE | | | 82 Street Add | Iress (P.O. Box Number is Not Acceptable) | | |
| 600 | SOUTHWEST FOURTH AVENUE | | | OZ STOET AGG | mess (1.0. box Hamber to Hot / toopsasse) | | |
| FOR | r Lauderdale FL 33315 | | | 83 | | | |
| | | | | 04 07 | | las Zir | Code |
| | ŕ | | | 84 City | FL | 85 Zir | Code |
| 11. Pursuant | to the provisions of Sections 607 0502 | and 607:1508; Florida Stat | utes-the a | bove-named corr | poration submits this statement for the purpose of c | hanging i | ts registered |
| office or re | egistered agent, or both, in the State of n familiar with, and accept the obligation | Florida. Such change was | authorized | d by the corporati | ion's board of directors. I hereby accept the appoint | ment as | registered |
| SIGNATURE | Signature, typed or printed name of registered agent a | and title if applicable (NO | TC: Donistored | Agent signature require | ed when reinstation) DATE | | |
| 12. | OFFICERS AND | (1.1. | 13. | , rigant signotare require | ADDITIONS/CHANGES TO OFFICERS AND | DIRECT | ORS IN 12 |
| TITLE | D | ☐ DELETE | 1.1 TI | TLE | | Change | |
| NAME | KRONOWITT, IDELLE A | | 1.2 N | AME | | | |
| STREET ADDRESS | 600 SOUTHWEST FOURTH AVE | NUF | 1.3 \$1 | TREET ADDRESS | | | |
| CITY-ST-ZiP | FORT LAUDERDALE FL 33315 | | | | | | |
| TITLE | TOTAL DISORDINE TE GOOD | | 1.4 CI | ITY-ST-ZIP | | | |
| í | D | . DELETE | 1.4 CI 2.1 TI | ITY-ST-ZIP | | ☐ Change | a Addition |
| NAME ! | | . DELETE | | TLE | | Change | Addition |
| NAME STREET ADDRESS | KRONOWITT, ROBERT W | _ | 2.1 TI 2.2 N | TLE | | Change | a ☐ Addition |
| STREET ADDRESS | KRONOWITT, ROBERT W 600 SOUTHWEST FOURTH AVE | _ | 2.1 TI 2.2 N/ 2.3 S1 | ITLE AME TREET ADDRESS | | Change | a ∏ Addition |
| STREET ADDRESS | KRONOWITT, ROBERT W | _ | 2.1 TI 2.2 N/ 2.3 S1 | ITLE AME TREET ADDRESS CITY-ST-ZIP | | ☐ Change | |
| STREET ADDRESS CITY-ST-ZIP TITLE | KRONOWITT, ROBERT W 600 SOUTHWEST FOURTH AVE | NUE | 2.1 TI 2.2 N/ 2.3 ST 2.4 C | ITLE AME TREET ADDRESS CITY-ST-ZIP ITLE | | | <u> </u> |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME | KRONOWITT, ROBERT W 600 SOUTHWEST FOURTH AVE | NUE | 2.1 TI 2.2 N/ 2.3 S1 2.4 C 3.1 TI 3.2 N/ | ITLE AME TREET ADDRESS CITY-ST-ZIP ITLE AME | | | <u> </u> |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | KRONOWITT, ROBERT W 600 SOUTHWEST FOURTH AVE | NUE | 2.1 TI 22 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST | ITLE AME TREET ADDRESS CITY-ST-ZIP ITLE | | | <u> </u> |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | KRONOWITT, ROBERT W 600 SOUTHWEST FOURTH AVE | NUE | 2.1 TI 22 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST | TILE AME TREET ADDRESS CITY-ST-ZIP TILE AME TREET ADDRESS CITY-ST-ZIP | | ☐ Change | <u> </u> |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | KRONOWITT, ROBERT W 600 SOUTHWEST FOURTH AVE | NUE | 2.1 TI 2.2 N/ 2.3 SI 2.4 C 3.1 TI 3.2 N/ 3.3 SI 3.4. C | TILE AME TIREET ADDRESS CITY-ST-ZIP TILE AME TREET ADORESS CITY-ST-ZIP TILE | | ☐ Change | e Addition |
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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 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: 5

4/5-/99 (95-4)467-2663