## 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 # P95000089496

1. Corporation Name

A A ALIBUMAN INO

## FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90050 019 \*\*\*150.00

Cacs	UBWAT, INC.								. (8)(8 )8))( 8		19: 1 <b>3:2</b> 1	
Principal Place	e of Business	Mailing Addre	ess			_		I (001690) (10 (010) Allil BEIN Anny eath obje	,		.,, ,,	
4964 COCONUT CREEK PKWY 4964 COCONUT CREEK PKWY												
COCONUT CREEK FL 33063 COCONUT CREEK FL 33063								DO NOT WRITE IN THI	e edace			
							-	3. Date Incorporated or Qualifed	3 SPACE			
								11/22/1995				
2. Principal Place of Business 2a. Mailing Address								4. FEI Number	Applied For			
21		26						65-0636048		Not Applicable		
- s Suite, Apt.	#, etc == ================================	Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.7	5 Additio	onal	
22		27						5. Certificate of Status Desired	Fee	Require	d	
City & State	e	City & Sta	City & State					6. Election Campaign Financing \$5.00 May Be				
23		28						Trust Fund Contribution Added to Fees				
Zip	Country	Zip			untry			8. This corporation owes the current year in	ntangible Yes	□No		
24	25	29	_	30	_			Personal Property Tax.	<u> </u>		,	
<del></del>	9. Name and Address of Curre	nt Registered Age	nt		81	Name		10. Name and Address of New Registered	Man			
CHIL	ING, CHARLES				"	Maille						
				82	Street A	ddress	s (P.O. Box Number is Not Acceptable)	_				
	) SW 19TH STREET NTATION FL 33317											
FLAI	11A11011 1 E 333 17				83							
					84	City		F	85 Z	ip Code		
44 Durauant	to the provisions of Sections 607.05	02 and 607 1508 F	torida Statut	es the a	hove	e-named o	corpora	ation submits this statement for the nurnose of	of changing	its regis	tered	
office or r	agistored agent or both in the State	a of Florida. Such ch	nande was a	Hthorize	a bv	tne comor	ration's	s board of directors. I hereby accept the appe	ointment a	s register	ed	
agent. I a	m familiar with, and accept the oblig-	ations of, Section of	07.0505, FIO	nga Sia	lutes.							
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable.	(NOTE	: Registere	d Agen	t signature rec	quired wt	hen reinstating) DATE			- 1	
12.		ND DIRECTORS		13.				ADDITIONS/CHANGES TO OFFICERS A	ND DIREC			
TITLE	P		DELETE	1.1 T	πE				Chan	ge 🗔	Addition	
NAME	CHUNG, CHARLES			1.2 N	AME							
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NAME				2.2 N	IAME	ļ					ļ	
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STREET ADDRESS	1				CITY-S	ŀ						
	Fig. 69 5 15 15 Inc.			5.71	🕶							

CITY-ST-ZIP\* 12 12 12 12 13 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 supplier ental annual report is file 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 of 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:

Daytime Phone #