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

CORPORATION ANNUAL REPORT



Secretary of State DIVISION OF CORPORATIONS

FILED May 03, 1999 8:00 am Secretary of State **PROFIT** · FLORIDA DEPARTMENT OF STATE Katherine Harris

	1999	DIVISION OF C	UKFUKAI	10143	03-03-1999 90	1113 019 130.0	<i>J</i> O	
DOCUN 1. Corporation CK SALE		002877						
Principal Place	of Business	Mailing Address				Aditi editi adita tibat iditi	BB\$ BB\$ BB\$	
•		2716 NE 26TH ST						
2716 NE 26TH ST								
US US					DO NOT WRITE IN THIS SPACE			
					 Date Incorporated or Qualifed 01/05/1996 			
Principal Place of Business Za. Mailing Address					4. FEI Number		plied For	
21		26			65-0717296		t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	□ \$8.75 A	quired	
City & State	e	City & State			6. Election Campaign Financing	\$5.00		
23		28			Trust Fund Contribution	Added t	o rees	
Zip	Country	Zip	Country 30	,	This corporation owes the current Personal Property Tax.	nt year Intangible ☐ Yes	∑ 4₩o	
24	9. Name and Address of Current		30]		10. Name and Address of New Re	<u> </u>	7-11-	
	5. Haine and Addices of Carlon	. register du rigoni	81	Name				
KUSMICH, CHARLES				Stroot A	ddress (P.O. Box Number is Not Acceptate	ule)		
2716 N.E. 26TH ST			04	Sileel Al	ddiess (F.O. Box Number is Not Acceptate			
FT. LAUDERDALE FL 33305			83					
	•		84	City		85 Zip (Code	
				1		. FL	<i>!</i>	
⊸office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was au	itnonzea by	the corpora	orporation submits this statement for the p ation's board of directors. I hereby accept	the appointment as re	gistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Age	nt signature req	quired when reinstating)	DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFF			
TITLE :	Р	P DELETE				☐ Change	☐ Addition	
NAME	KUSMICH, CHARLES		1.2 NAME	ļ				
STREET ADDRESS	120 SOUTH FEDERAL HIGHWA	Y	1.3 STREE	TADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL 33060		1.4 CITY-3	ST-ZIP		[] Change	Addition	
TITLE į	VP	☐ DELETE	2.1 TITLE			□ Criange	☐ Audition	
NAME	KUSMICH, CHRIS	v	2.2 NAME				ì	
STREET ADDRESS	120 SOUTH FEDERAL HIGHWA POMPANO BEACH FL 33060	.1	1	T ADDRESS				
CITY-ST-ZIP	PUMPANU BEACH PL 33060	DELETE	2. 4 CITY- 3.1 TITLE	51-ZIP -		Change	☐ Addition	
NAME			3.2 NAME			_		
STREET ADDRESS				T ADDRESS	·			
CITY-ST-ZIP			3.4. CITY-					
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME			4. 2 NAME	.				
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			The Live of	
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		☐ DELETE	5.4 CITY-1	31-ZIF		[] Change	Addition	
TITLE		□ pereie	6.2 NAME					
NAME STREET ADDRESS	,			T ADDRESS				
THEE I ADDRESS	·			I .				

6.4 CITY-ST-ZIP 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:

