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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # PO600003531

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90155 039 \*\*\*150.00

| 1. Corporation Name P96000003531                      |  |   |                          |                                     | 1            |  |   |                 |                           |  |
|---|--|---|--------------------------|-------------------------------------|--------------|--|---|-----------------|---------------------------|--|
|   | FICES OF ARNOLD S. GOL   | DSTEIN & ASSOCIATES   | Į.                       |                                     |              |  |   |                 |                           |  |
| P.A.  | ),   |   |                          | 1 100 t1001 110 t0210 02117 00111 0 | <b></b>      |  | 191 <b>8</b> 1 11 <b>81</b> 1 <b>88</b> 1 |                 |                           |  |
| F-7   |  |   |                          | -                                   | - {          |  |   |                 |                           |  |
| Principal Place of Business Mailing Address           |  |   |                          |                                     |              | I REBUKEEN HE (DUKE BAKKA ERBUK) I             |   | Dida libi alibi |                           |  |
| 384 S. MILITARY TRAIL 384 S. MILITARY TRAIL           |  |   |                          |                                     | ì            |  |   |                 |                           |  |
| DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442     |  |   | 2                        |                                     | l            |  |   |                 |                           |  |
|   |  |   |                          |                                     | <u></u>      | DO NOT WR                                      |   | SPACE           |                           |  |
| 1   |  |   |                          |                                     | 1            | 3. Date Incorporated or Qualifed               |   |                 | ļ                         |  |
| 2. Principal Place of Business 2a. Mailing Address    |  |   |                          |                                     |              | 01/08/1996<br>4. FEI Number                    |   |                 | - U 1 C                   |  |
|   |  |   |                          |                                     |              | •  |   | <del></del>     | plied For<br>t Applicable |  |
| 21   26     Suite, Apt. #, etc.   Suite, Apt. #, etc. |  |   |                          |                                     | -+           | 65-0645279                                     | <del></del>                               | \$8.75 A        |                           |  |
| 22 27   |  |   |                          |                                     | ĺ            | <ol><li>Certifcate of Status Desired</li></ol> |   | Fee Re          |                           |  |
| City & State - City & State                           |  |   | 6. Elec                  |                                     |              | 6. Election Campaign Financing                 |   | \$5.00          | May Ro                    |  |
| 23 28   |  |   | <b>I</b>                 |                                     |              | Trust Fund Contribution                        |   | Added to        |                           |  |
| Zip   | Country  | Zip   | Country                  |                                     |              | 8. This corporation owes the cur               | rent year Int                             | angible         |                           |  |
| 24 25 . 29 30   |  |   | )                        | Personal Property Tax.              |              |  |   | □No             |                           |  |
| Name and Address of Current Registered Agent          |  |   |                          |                                     |              | 0. Name and Address of New                     | Registered .                              | Agent           |                           |  |
| COLDCTIN ADMOLD C                                     |  |   |                          | Name                                |              |  |   |                 | }                         |  |
| GOLDSTEIN, ARNOLD S<br>384 S. MILITARY TRAIL          |  |   | 82                       | Street                              | Address      | dress (P.O. Box Number is Not Acceptable)      |   |                 |                           |  |
| DEERFIELD BEACH FL 33442                              |  |   |                          |                                     |              |  |   |                 |                           |  |
| UEE   | REPED BEACH I E 33442  |   | 83                       |                                     |              |  |   |                 |                           |  |
|   |  |   | 84                       | City                                | ~            |  | FL  | 85 Zip C        | ode                       |  |
| 11. Pursuant  | to the provisions of Sections 607.0502<br>registered agent, or both, in the State of   | and 607.1508, Florida Statutes,                                       | the above                | -named                              | corporat     | ion submits this statement for the             |   | changing its    | registered                |  |
| office or r   | registered agent, or both, in the State o<br>am familiar with, and accept the obligati   | of Florida. Such change was auth<br>ions of, Section 607.0505, Florid | iorized by<br>a Statutes | the corpo                           | oration's    | board of directors. I hereby acce              | pt the appoir                             | itment as reg   | jistered                  |  |
| SIGNATURE   |  |   |                          |                                     |              |  |   |                 |                           |  |
|   | Signature, typed or printed name of registered agent   |   | gistered Agen            | t signature r                       | required whe | <del></del>                                    | DATE                                      |                 |                           |  |
| 12.   | OFFICERS AND   |   | 13.                      |                                     | 1            | ADDITIONS/CHANGES TO OF                        | FICERS AN                                 |                 |                           |  |
| TITLE   |  |   | 1.1 TITLE                |                                     |              |  |   | Change          | ☐ Addition                |  |
| NAME  | GOLDSTEIN, ARNOLD S  |   | 1.2 NAME                 |                                     | 1            |  |   |                 | 1                         |  |
| STREET ADDRESS  | 184 S. MILITARY TRAIL 1 DEERFIELD BEACH FL 33442   |   | 1.3 STREET ADDRESS       |                                     | ]            |  |   |                 |                           |  |
| CITY-ST-ZIP<br>TITLE                                  |  |   | 1.4 CITY-ST-ZIP          |                                     | 10           |  |   | Change          | Addition                  |  |
| NAME  | D Courses ( N  | <del>_</del>  | 2.2 NAME                 |                                     | 601          | al Cordal Mana                                 | 110011                                    | 7               |                           |  |
| STREET ADDRESS  | The desired of the second of t |   | 2.3 STREET ADDRESS       |                                     | 70           | USIEND, JIMPE                                  | LENE                                      | ist.            | 1                         |  |
| CITY-ST-ZIP ·   | DEEKFIELD BULL FL 33442  |   | 2.4 CITY-ST-ZIP          |                                     | D 2          | USTEN MARC<br>45. MiliTAK<br>efficio 13ck      |   | 336             | 42                        |  |
| TITLE   | DERFIELD, 1500   | DELETE  | 3.1 TITLE                | 1- £.IF                             | UE           | extorio jas                                    | ar pe                                     | Change          | Addition                  |  |
| NAME  | 32   |   | 32 NAME                  |                                     |              |  |   |                 |                           |  |
| STREET ADDRESS  | ,  |   | 3.3 STREET ADDRESS       |                                     |              |  |   |                 |                           |  |
| CITY-ST-ZIP   |  |   | 3.4. CITY-ST-ZIP         |                                     | İ            |  |   |                 |                           |  |
| TITLE   | ☐ DELETE 4.1 TI  |   | 4.1 TITLE                |                                     |              |  | •   | Change          | Addition                  |  |
| NAME  |  |   | 4.2 NAME                 |                                     |              |  |   |                 | {                         |  |
| STREET ADDRESS  | ,  |   | 4.3 STREET               | ADDRESS                             |              |  |   |                 |                           |  |
| CITY-ST-ZIP   |  | 440   |                          | ZIP                                 | <u> </u>     |  |   |                 |                           |  |
| TITLE   |  | ☐ DELETE  | 5.1 πτLE                 |                                     |              |  |   | Change          | Addition                  |  |
| NAME  | · · · · · · · · · · · · · · · · · · ·  |   | 5.2 NAME                 |                                     | 1            | •  |   |                 | 1                         |  |
| STREET ADDRESS  |  |   | 5.3 STREET ADDRESS       |                                     | ł            | •  |   |                 | }                         |  |
| CITY-ST-ZIP   |  |   | 5.4 CITY-S1              | -ziP                                | ↓            |  |   |                 |                           |  |
| TITLE   |  |   | 6.1 TITLE                |                                     | [            |  |   | Change          | ☐ Addition                |  |
| NAME  |  |   | 6.2 NAME                 |                                     | 1            |  |   |                 | ĺ                         |  |
| STREET ADDRESS  | N. C.  |   | 63 STREET                |                                     | )            |  |   |                 | }                         |  |
| CITY-ST-ZIP   | Managarana   |   | 6.4 CITY-ST              | -ZIP                                | <u></u>      |  |   |                 |                           |  |

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 proof or supplied of the control of the corporation of the cor

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99 954-480-8543

JKZEU34 (11/98)