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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90006 021 ***150.00

DOCUN 1. Corporation BADJ CO		003619					
Principal Place	e of Business	Mailing Address					[1010 1011 1001
2611 BLUE SAGE AVE. COCONUT CREEK FL 33063 COCONUT CREEK FL 33063							
-500 P. IQT VIII	= · · = 				DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed		
	*******	A 4 101 A 4 4			01/02/1996 4. FEI Number		plied For
Principal Place of Business 2a. Mailing Address					1	<u></u>	t Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite Ant # etc			NOT APPLICABLE	\$8.75 A	
					5. Certifcate of Status Desired	Fee Re	
22 City & State	0		City & State		6. Election Campaign Financing	\$5.00	May Be
23					Trust Fund Contribution	Added t	
Zip			Country	,	8. This corporation owes the current year Intangible		
24	25	25 29 30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent	
			81	Name			
WEINER, ABRAHAM			82	Street Add	ress (P.O. Box Number is Not Acceptable)		$\overline{}$
2611 BLUE SAGE AVE.			L				
COC	ONUT CREEK FL 33063		83	}			
			84	City		85 Zip (Code
					F		i-t-rod
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.							gistered
SIGNATURE		MOTE 9		at aignatus roquis	ad when reinstating) DATE		
12.	Signature, typed or printed name of registered agent		13.	nt signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	P.751		1.1 TITLE			Change	Addition
NAME	_		1.2 NAME				
STREET ADDRESS	::-			T ADDRESS			į
CITY-ST-ZIP	A		1,4 CITY-9	1	•		
TITLE			2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME	ŀ	•		
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE			3.1 TITLE			Change	☐ Addition
NAME	, -		3.2 NAME				
STREET ADDRESS			3.3 STREE	TADORESS			
CITY-ST-ZIP		· 	3.4. CITY-	ST-ZIP			
TITLE	DELETE 4:		4.1 TITLE			Change	Addition
NAME .			4. 2 NAME	İ			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-5	T-ZIP			
TITLE	1		5.1 TITLE	Ì		☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	ii-ZIP		C1Change	Addition
TITLE		☐ DELETE	6.1 TITLE	-		☐ Change	Magazon
NAME			6.2 NAME	TADDOCCO			
OTDEET ABORDO	Ī		■ 6.3 STREE	TADDRESS			- 1

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: