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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # P9600009490

## FILED Feb 16, 1999 8:00 am Secretary of State

02-16-1999 90021 038 \*\*\*150.00

PYRAMID	EQUITIES, INC.									
Principal Place	of Business	Mailing Address				I INGIGALI IND LONG BALLI BALLI GONI AL				
6600 LAKESHORE DRIVE 208 N. FEDERAL HIGHWA MARGATE FL 33063 POMPANO BEACH FL 33					DO NOT-WRITE	N THIS SF	PACE			
						3. Date Incorporated or Qualifed				.~
						01/30/1996				
2 Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		App	lied For	3
21	<b>200</b> 0. <b>2</b> 0	26				65-0666178			Applicable	Ÿ.
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	]	<b>\$8.75</b> A Fee Red		
22		City & State				6. Election Campaign Financing		\$5.00	May Be	
City & State	€	28				Trust Fund Contribution	]	Added to	,	
Zip	Country	Zip	Cou	untry		8. This corporation owes the current	year Intan	gible		
<b>—</b>	25	29	30	-		Personal Property Tax.		Yes	□No	
24	9. Name and Address of Curre		1001			10. Name and Address of New Reg	istered Ag	ent		
				81 Na	ame					
	ITT, RICHARD LAKESHORE DRIVE			82 St	treet Addre	ess (P.O. Box Number is Not Acceptable	)			
	GATE FL 33063			83				相談	<b>建设数</b>	
				84 Ci	ity	<u> </u>	EI	85 Zip C	ode	
11. Pursuant 1				above-na	med corpo corporation	oration submits this statement for the purents board of directors. I hereby accept the	pose of chie appointr	anging its nent as req	registered istered	
11. Pursuant to office or reagent. I are SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age	ations of, Section 607.0505, Flo	orida Stat	above-na d by the tutes.		J when reinstaling)	DATE		· 	(86)
11. Pursuant 1 office or re agent. I ar SIGNATURE 12.	egistered agent, or both, in the State m familiar with, and accept the obligation  Signature, typed or printed name of registered age  OFFICERS A	ations of, Section 607.0505, Fig. ent and title if applicable. (NOTE ND DIRECTORS	e: Registered	above-na d by the tutes.		,	DATE ERS AND		· 	(11/98)
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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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Kavanaugh

954-946-4600 Daytime Phone #