PROFIT CORPORATION ANNUAL REPORT:

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000013342**1. Corporation Name

## **FILED** Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90005 028 \*\*\*150.00

J.H. GOI	ldberg & Associates, II	NC.					
					1 1001/001 110 101/0 01/11 00/11 0	1912 <b>(19</b> 14) <b>(1914)</b> 11 <b>90</b> (1914) <b>(1914)</b> 19 <b>0</b> (1914) <b>(1914)</b> 19 <b>0</b> (1 <b>9</b> 14)	Ħ
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Principal Place	e of Business	Mailing Address					•
570 OCEAN DRIVE. #1101 570 OCEAN DRIVE. #1101							
JUNO BEACH FL 33408 JUNO BEACH FL 33408				DO NOT WRITE IN TH		TE IN THIS SDACE	
					3. Date Incorporated or Qualifed	IE IN THIS SPACE	
					02/13/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			65-0644613	Not Applicab	ole
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & State	e	City & State			6. Election Campaign Financing	-\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	4
Zip	Country	Zip	Country	1	8. This corporation owes the curr		-
24	25		30		Personal Property Tax.  10. Name and Address of New F		$\dashv$
	9. Name and Address of Curren	it Registered Agent	81	Name	10, Maille alla Address of New F	zeflisteren witerig	$\dashv$
GOI	DBERG, JEROME	' * · · · · · · · · · · · · · · · · · ·					
	OCEAN DRIVE, #1101	$\mathcal{A}_{\mathcal{L}_{i}}^{r}$	82	Street Add	fress (P.O. Box Number is Not Accepta	able)	-
	O BEACH FL 33408		83	<del> </del>		<b>网络 198 131 134 60 103 10 3</b>	<u> </u>
	· ·						\$1
			84	1 '		FL 85 Zip Code	1
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the abov	e-named con	poration submits this statement for the	purpose of changing its registered	i
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State on familiar with and accept the obliga	2 and 607.1508, Florida Statute of Florida. Such change was au tions of Section 607.0505. Flor	es, the above uthorized by rida Statute:	e-named corporations.	poration submits this statement for the ion's board of directors. I hereby accept	purpose of changing its registered ', t the appointment as registered ',	
			es, the above uthorized by rida Statute:	re-named corp the corporations.	poration submits this statement for the ion's board of directors. I hereby accept	purpose of changing its registered of the appointment as registered of	d
	Signature, typed or printed name of registered ager	nt and title if applicable. 2 (NOTE:			ed when reinstating)	DATE	_
SIGNATURE	Signature, typed or printed name of registered ager  OFFICERS AN	nt and title if applicable. \( \text{NOTE:} \)	: Registered Age		ed when reinstating)	DATE FICERS AND DIRECTORS IN 12	
SIGNATURE  12.	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. 2 (NOTE:	: Registered Age		ed when reinstating)	DATE	
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN DP GOLDBERG, JEROME	nt and title if applicable. \( \text{NOTE:} \)	13. 1.1 TITLE 1.2 NAME	nt signature require	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12	
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered eger OFFICERS AN DP GOLDBERG, JEROME 570 OCEAN DRIVE, #1101	nt and title if applicable. \( \text{NOTE:} \)	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature require	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12	
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN DP GOLDBERG, JEROME	nt and title if applicable. '> (NOTE:  ID DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5	nt signature require	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addi	tion
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered eger OFFICERS AN DP GOLDBERG, JEROME 570 OCEAN DRIVE, #1101	nt and title if applicable. \( \text{NOTE:} \)	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE	nt signature require	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12	tion
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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 originged; or on an attachment with an address, with all other like empowered.

SIGNATURE: