Applied For

Fee Required

\$5.00 May Be

Added to Fees

Zip Code

CR2E034

Not Applicable \$8.75 Additional

□No

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

KOYAL YALM WAY

81 Name

82

83

84 City

Mailing Address

Gity & State R

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90064 045 ***150.00

DOCUMENT	#	P9600	0001	3344

Principal Place of Business	M	ailing Addr
70 ROCKSPRING RD	961 NW 4574	
W ORANGE NJ 07052	SUITE 2	
us	/35	THE PARTY OF
2. Principal Place of Business	2a.	Mailing /
21 242 KNA PALM WAY	26	Suite, Ar
Suite, Apt. #, etc.	27	Sune, A
City & State A	121	City & S
23 BOUT LATON V	28	BOCK
24 Shift 25 Value Black	(29	Zip 3
9. Name and Address of Curren	t Regis	stered Ag
CARMODY, C		
961 NW 45TH ST		
SUITE 2		
POMPANO BEACH FL 33064		

Block 12 or Block 13 if change

SIGNATURE:

Mailing Address 961 NW 457H SUITE 2 DO NOT WRITE IN THIS SPACE BEACH FL 33064 3. Date Incorporated or Qualifed 02/13/1996

4. FEI Number

65-0636499

5. Certificate of Status Desired

6. Election Campaign Financing

This corporation owes the current year Intangible

Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition ☐ DELETE 1.1 TITLE TITLE CHANDLER NOVICK, LYNNE 12 NAME NAME 70 ROCKSPRING RD 1.3 STREET ADDRESS STREET ADDRESS W ORANGE NJ 07052 1.4 CITY+ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIF 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 trustlee empowered to execute this report as jequired by Chapter 607, Florida Statutes; and that my name appears in

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