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

DOCUMENT # P96000014267

1. Corporation Name FSU II. INC.

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90084 044 ***150.00

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Principal Place	of Business	Mailing Address				1 10Et1001 1tm t0/10	85115 88111 88115 8	:W1:1 WW1W1 ()			
413 N. FEDERAI	L HWY.	413 N. FEDERAL HWY.									
POMPANO BEA	CH FL 33062	POMPANO BEACH FL 33062			}	00	NOT WRITE	INI THIS S	DACE		
						te Incorporated c 2/12/1996		111111111111111111111111111111111111111	<u> </u>	- 5	7=
2. Principal Pl	ace of Business	2a. Mailing Address				l Number			A	pplied For	1
21		26			65	-0797753			N	ot Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-	Alfanta of Florina	Decirod [\$8.75	Additional	7
22		27			5. Ce	rtifcate of Status	Desired [Fee R	tequired	
City & State	e	City & State			6. Ele	ection Campaign	Financing _r		\$5.00	May Be	1
23		28			Trı	ust Fund Contribu	ıtion	_ <u></u>	Added	to Fees	1
Zip	Country	Zip	Countr	У	8. Th	is corporation ow	es the current				
24	25	29 3	30			rsonal Property 7			Yes	□No	4
	9. Name and Address of Current	Registered Agent			10. <u>N</u> a	me and Addres	s of New Reg	istered A	gent		-
1,05	100501		8	1 Name							
	LL, JOSEPH		82	Street A	Address (P.O.	Box Number is N	ot Acceptable	e)	_		1
	N. FEDERAL HWY.		L	.					_		4
POM	PANO BEACH FL 33062		83	3							
		,	84	4 City				FL	85 Zip	Code	1
44.5		and 507,1509, Elected Statutes	the abou	o named o	cornoration su	hmits this statem	ent for the nu		banging it	s registered	-{
office or p	to the provisions of Sections 607 0502 egistered agent, or both, in the State of m familiar with and accept the obligat	of Florida, Such change was aut	thorized by	y ne compa	fation's board	or directors. I ne	ereby accept to	ne appoin	(ment as r	egistered	1
SIGNATURE	Structure of polistered agent	abirtition applicable. (NOTE: R	Registered Age	917	equired when reinst	ating)		DATE			
SIGNATURE	Structure. Week printed name of polistered agent	ability applicable. (NOTE: F	Registered Apr	917	equired when reinst			DATE	DIRECT	ORS IN 12	
SIGNATURE 12. TITLE	Applied Moof & Annied name of positioned agent OFFICERS ANI	abirtition applicable. (NOTE: R	Registered Age 13. 1.1 TITLE	ent signature red	equired when reinst	ating)		DATE		ORS IN 12	
SIGNATURE 12. TITLE NAME	OFFICERS AND UDELL, JOSEPH	ability applicable. (NOTE: F	Registered Age 13. 1.1 TITLE 1.2 NAME	ent signature re	equired when reinst	ating)		DATE	DIRECT	ORS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS ANI D UDELL, JOSEPH 413 N. FEDERAL HWY.	ability applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature rec	equired when reinst	ating)		DATE	DIRECT	ORS IN 12	
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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 innual 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 an an attachment with an address with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

IG OFFICER OR DIRECTOR

4 199 954-

154-786-432

Daytime Phone #