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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90100 011 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000014914**

CITY-ST-ZIP

SIGNATURE:

LORI SIMON SINGER, P.A.

LOHI SIM	ON SINGER, FIX						
Principal Place	of Business	Mailing Address				•	
		6620 NW 75TH PL.	NW 75TH PL.				
620 NW 75TH PL. ARKLAND FL 33067		PARKLAND FL 33067		DO NOT WRITE IN THIS SPACE			
ANNEAND TE OOCT					3. Date Incorporated or Qualifed	IS BY AGE	
					02/14/1996		
				<u> </u>	4. FEI Number	Appli	ed For
2. Principal Pl	ace of Business	2a. Mailing Address		65-0641259	├	Applicable	
1		26				\$8.75 Add	ditional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Requ	ž .	
		27			6. Election Campaign Financing	\$5.00 M	av Be
City & State	ė	City & State		Trust Fund Contribution	Added to		
3		28			This corporation owes the current year intangible		
Zip	Country Zip		_	aria y	Personal Property Tax.		
4	25	29	30	1	10. Name and Address of New Registere	ed Agent	
	9. Name and Address of Curr	ent Registered Agent		81 Name			
	IN INNEC C			! 1			
MULLIN, JAMES G				82 Street Add	dress (P.O. Box Number is Not Acceptable)		, ,.,
	N.W. BOCA RATON			83		1114-11 .311	
#20					· · · · · · · · · · · · · · · · · · ·		
BOC	A RATON FL 33431			84 City		85 Zip Co	de
					rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its n	egistered
office or r agent. I a	registered agent, or both, in the Sta am familiar with, and accept the obli	igations of, Section 607.0505, F	lorida Sta	tutes.			stered
SIGNATURE	Signature, typed or printed name of registered a		TE: Registere	ed Agent signature requir	ADDITIONS/CHANGES TO OFFICERS		S IN 12
12.	OFFICERS	AND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	D	☐ DELETE		TITLE	* * * * * * * * * * * * * * * * * * * *		
NAME	SINGER, LORI S			NAME			1
STREET ADDRESS	6620 NW 75TH PL.		1.3 3	STREET ADDRESS			
CITY-ST-ZIP	PARKLAND FL 33067			CITY-ST-ZIP		Change	Addition
TITLE		☐ DELETE	2.1	TITLE			- (
NAME				NAME			
STREET ADDRESS	8						
CITY-ST-ZIP			2.3	STREET ADDRESS			
TITLE			1	STREET ADDRESS CITY-ST-ZIP		Change	Addition
NAME		_ DELETE	2.4	1		Change	Addition
STREET ADDRESS		DELETE	2. 4 3.1	CITY-ST-ZIP		☐ Change	Addition
CITY-ST-ZIP		[] DELETE	2. 4 3.1 3.2	CITY-ST-ZIP TITLE		Change	☐ Addition
	is	☐ DELETE	2. 4 3.1 3.2 3.3	CITY-ST-ZIP TITLE NAME			
	S -	☐ DELETE	2. 4 3.1 3.2 3.3 3.4	CITY-ST-ZIP TITLE NAME STREET ADDRESS			Addition Addition
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NAME STREET ADDRESS			2. 4 3.1 3.2 3.3 3.4 4.1 4.2	CITY-ST-ZIP TITLE NAME STREET ADDRESS .CITY-ST-ZIP TITLE Z NAME		; [⊡ Change	Addition
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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.