DOCUMEINT # P96000026878 ANDREW ITKOFF, INC. Wropat Place of Business Malling Address Wropat Place of Business SOD NN 13TH ST Wropat Place of Business SOD NN 13TH ST Participat Place of Business Sob, April # ST Subs. April # Get Sob, April # ST Subs. April # Get Sob, April # ST City & Spite City & Spite Participation Place of Business of Current Registered Agent Spite Address of Current Registered Agent Spite City & Spite City & Spite Participation Business of Spite	COR ANNU	PROFIT PORATION JAL REPORT 1999		FLORIDA DEPART Katherin Secretary DIVISION OF CO	e Harris of State	FIL Apr 16, 19 Secretary 04-16-1999 9010	99 8:00 : 7 of State	am e
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 115.07(3), Folda Gatales infrade under oath; that I am an 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 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 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 indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as the under oath; that I am an indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as the under oath; that I am an indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as the under oath; that I am an indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as the under oath; that I am an indicated on the under oath is	 Pursuant office or n agent. 1 ai SIGNATURE ITLE ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE ITLE IAME ITTE IAME ITTE IAME ITTE IAME ITTE IAME ITTE IAME ITY-ST-ZIP ITLE ITLE ITHE ITHE<td>to the provisions of Secti registered agent, or both, im familiar with, and acce Signature, typed or printed name OF DP ITKOFF, ANDREW 9070 NW 13TH ST PLANTATION FL 333</td><td>in the State of Florid pt the obligations of, of registered agent and 1969 if FFICERS AND DIRE</td><td>a Section 607.0505, Flori fapplicable. (NOTE: CTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE</td><td>84 City s, the above-named corporation to a Statutes. Statutes. Registered Agent signature required a Statutes. Statutes. 13. 1.1 TITLE 12. NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 6.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP</td><td>poration submits this statement for the purpo ion's board of directors. I hereby accept the a ed when reinstating) DA'</td><td>FL </td><td>N 12 Additio</td>	to the provisions of Secti registered agent, or both, im familiar with, and acce Signature, typed or printed name OF DP ITKOFF, ANDREW 9070 NW 13TH ST PLANTATION FL 333	in the State of Florid pt the obligations of, of registered agent and 1969 if FFICERS AND DIRE	a Section 607.0505, Flori fapplicable. (NOTE: CTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	84 City s, the above-named corporation to a Statutes. Statutes. Registered Agent signature required a Statutes. Statutes. 13. 1.1 TITLE 12. NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 6.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP	poration submits this statement for the purpo ion's board of directors. I hereby accept the a ed when reinstating) DA'	FL	N 12 Additio