AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REJUSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT. OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Aug 19, 1999 8:00 am Secretary of State 08-19-1999 90008 005 ***550.00

Principal Place of Business Mailing Address 11537 NW 3RD PL CORAL SPRGS FL 33071 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/04/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0674369 Suite, Apt. #, etc. 5. Certificate of Status Desired Fet City & State City & State City & State 27 City & State 28 City & State 29 29 30 Country 21 28 Trust Fund Contribution Address Address of Name and Address of Current Registered Agent BARRY M WEINBERG 11537 NW 3RD PL CORAL SPRGS FL 33071 83 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable)	
CORAL SPRGS FL 33071 US CORAL SPRGS FL 33071 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/04/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0674369 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.7 Fet City & State Country Zip Country Zip Country B. This corporation owes the current year Intangible Personal Property. 9. Name and Address of Current Registered Agent BARRY M WEINBERG 11537 NW 3RD PL CORAL SPRGS FL 33071 83 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of sections 807.0502 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing it 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 a agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.	OTARS HARMANIA LOCAL
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22. Principal Place of Business 23. Mailing Address 24. FEI Number 65-0674369 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.7 Fet City & State City & State City & State 26. Election Campaign Financing Trust Fund Contribution T	
21	
Suite, Apt. #, etc. Suite, Apt. #, etc.	Applied For
22 City & State Country 8. This corporation owes the current year Intangible Personal Property. Yes 9. Name and Address of Current Registered Agent BARRY M WEINBERG 11537 NW 3RD PL CORAL SPRGS FL 33071 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) Fet City & State City Fet City & State City Fet Country 8 Trust Fund Contribution Address of New Registered Agent City FL 85 Agent 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 it 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 a agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.	Not Applicable 75 Additional
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	Zip Code
	its registered
	as registered
Signature, typed or printed name of registered agent and title if explicable, (NOTE: Registered Agent aggressive required when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	CTORS IN 12
TITLE DPT NAME WEINBERG, BARRY M PAGES DELETE 1.1 TITLE 1.2 NAME	CYORS IN 12
STREET ADDRESS 11537 NW 3RD PL 13 STREET ADDRESS	1
CITYST-ZIP CORAL SPRGS FL 33071	3
TITLE DVS DELETE 21 TITLE Change	
WEINBERG, GILDA A CO, VILS 22 NAME	1
STREET ADDRESS 11537 NW 3RD PL 23 STREET ADDRESS .	
CITYST-ZIP CORAL SPRGS FL 33071 2.4 CITYST-ZIP	
TITLE GARY H. HOCHGERG DELETE 3.1 TITLE 3.2 NAME 3.2 NAME	nge Addition
NAME 5799 DRANGE DRIVE STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS	Ì
STREET ADDRESS DAVIE FR 33314 SECT. 33STREET ADDRESS 34 CITY-ST-ZP	
TITLE DELETE 4.1 TITLE Chan	nge Addution
NAME 42 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITYST-ZP 4.4 CITYST-ZP	
TITLE . LDELETE 5.1 TITLE 5.2 NAME	nge Addition
NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE Chang	
NAME 6.2 NAME	nge Addition
STREET ADDRESS 6.3 STREET ADDRESS	nge Addition
CITY-ST-ZIP 6.4 CITY-ST-ZIP	nge Addition
14. Thereby cartify that the information supplied with this filling does not qualify for the exemption stated in section 119.07(3)(i), Floride Statutes. I further certify that the initiated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the an officer or director of the corporation or the localized employeered to execute this report as required by Chapter 507, Florida Statutes; and that my name in Block 12 or Block 13 if changes, of on an arrangement with arrangement with arrangement with arrangement.	