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 # P96000031614

820 COLLINS AVE., CORP.

۱	,	n	n	CI	₽ŧ	31	۲	18	IC	е	OĪ	P	U:	Sir	ıe	SS	
							_			_	_	_		_	_		_

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90170 035 ***150.00



Filicipal Flaci	e or business	Maining Address					
1111 LINCOLN MIAMI BEACH		1111 LINCOLN RD. SUITE MIAMI BEACH FL 33139	800		DO NOT WRITE IN THIS	SDACE	
						SPACE	
		•			3. Date Incorporated or Qualifed		
					04/10/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21	•	26			65-0719449		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75	Additional
22		27			5. Certifcate of Status Desired	Fee	Required
City & Stat	ie	- City & State	_ :+:		6. Election Campaign Financing	\$5.0	0 May Be
23	· · · · · · · · · · · · · · · · · · ·	28			Trust Fund Contribution	-	d to Fees
Zip	Country	Zip	Count	rv	8. This corporation owes the current year In	tannible	
		29	30	,	Personal Property Tax.	Yes	□No
24	9. Name and Address of Curren		1301		10. Name and Address of New Registered		
	9. Name and Address of Curren	t Registered Agent	-	1 Name	10. Name and Address of New Registered	Agent	
иоч	MADD ELICENE I		١	Name			
	VARD, EUGENE J		8	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
	LINCOLN RD, SUITE 800						
. MIAN	MI BEACH FL 33139		8	3			
	• • •		L	4 04		05 7	p Code
-			8	4 City	Fi	85 Zi	p Code
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN		E: Registered Ag	ent signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12
		D DELETE	1,1 TITLE	. 1	ABBITIONS GIANGES 10 GITTOERS A	☐ Chang	
TITLE	PD			1			
NAME	HOWARD, EUGENE J		1.2 NAM			•	
STREET ADDRESS	1111 LINCOLN RD, SUITE 800		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY	-ST-ZIP			
TITLE	STD	☐ DELETE	2.1 TITLE	·		Chang	e
NAME	WEINBERG, SCOTT J.		2.2 NAMI	E			
STREET ADDRESS	1111 LINCOLN RD., SUITE 800	1	2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL		2. 4 CITY	-ST-ZIP			
TITLE	III III DE IOTTE	DELETE	3.1 TITLE		and the second second	Chang	e
NAME	in the second	, , , , ,	3.2 NAMI	.^	and the second s	,	
			8	ET ADDRESS	•	•	
STREET ADDRESS						-	
CITY-ST-ZIP		DELETE	3.4. CITY		· · · · · · · · · · · · · · · · · · ·	☐ Chang	e Addition
TITLE		☐ NETE IC	4.1 TITLE				
NAME			4, 2 NAM	E			
STREET ADDRESS			43 STRE	ET ADDRESS		•	
CITY-ST-ZIP			4.4 CITY	ST-ZiP			
TITLE		☐ DELETE	5.1 TITLE	.		☐ Chang	je 🗌 Additior
NAME			5.2 NAMI	E	• • • • • • • • • • • • • • • • • • • •		
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY	ST-ZIP	-		
TITLE		DELETE	6.1 TITLE			☐ Chang	je 🔲 Additior
			6.2 NAM	_E			_
NAME	}			ET ADDRESS			
STREET ADDRESS	· ·		6.4 CITY				

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 to an 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 of tostee 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 open attachment with an address, with all other like empowered.

SIGNATURE: