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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 16, 1999 8:00am

Secretary of State

02-16-1999 90006 045 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600037187

SOINI ENTERPRISES, INC.

Principal Place of Business	Mailing A	Address						* ****** * *** ** ******		
4800 N.W. 24TH COURT #1200		/. 24TH COURT								
#1200 #1200 Lauderdale lakes fl 33313-3301 Lauderdale lakes fl :		33313-3301			DO NOT WR	ITE IN THIS	SPACE			
						3. Date Incorporated or Qualifed				
						04/30/1996				-
2. Principal Place of Business	2a. Maili	ng Address				4. FEI Number		. A	pplied For	١,
21	26					65-0695150		N	ot Applicable] ?
Suite, Apt. #, etc.	Suite	e, Apt. #, etc.				5. Certifcate of Status Desired			Additional equired	6 al_
City & State	City	& State			-44	6. Election Campaign Financing		\$5.00	May Be	1
23	28		·			Trust Fund Contribution			to Fees	
	Country Zip	r	Count	ry		8. This corporation owes the cur	rent year Int	angible		
24] 25	29		30			Personal Property Tax.		Yes	□No	_
9. Name and	Address of Current Registered	Agent	R	1 Na	me	10. Name and Address of New	Registered	Agent		
SOINI, DONALD E			L							_
4800 N.W. 24TH C	OURT		8	2 Str	eet Addres	ss (P.O. Box Number is Not Accept	able)			}
#120D			8	3		Part Harris	1 6 (8H 15) 6	11 133 133		4
LAUDERDALE LAKE	ES FL 33313-3301		8	4 City			<u>11 1 8 8 8 </u>	85 Zip	Code	4
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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.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #