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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90008 021 \*\*\*150.00

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DOCU	MENT # P96000	040892				
) corporation	PPEL-KUSHMAN, PA	<del></del>	•			
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Principal Plac	ce of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		TOUR DIGHT TOUR PRINT	10110 1101 1001
6506 BRAVA WAY 6506 BRAVA WAY						
BOCA RATON FL 33433 BOCA RATON FL 33433			SO NOT WHITE W			
				DO NOT WRITE IN  3. Date Incorporated or Qualified	THIS SPACE	
	•	•		05/06/1996		
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	App	plied For
21 .		26		65-0673366		Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	•	5. Certificate of Status Desired	\$8.75 A	
City & Star	te	City & State			Fee Rec	<del></del>
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 to Added to	•
Zip	Country	Zip	Country	8. This corporation owes the current year	ar Intangible	
24	25	29	30	Personal Property Tax.	☐Yes	™No
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registe	red Agent	
KIIS	SHMAN, ROBERT		81 Name	,		
	6 BRAVA WAY		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	CA RATON FL 33433	•	83	100 m	<del>\$4.000   12.000   1</del>	11.00 to 12.
3.5			किया के हैं है सिक्टिक है।	individual.		
			84 City	* ****	FI 85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	es, the above-named corp	poration submits this statement for the purpos	se of changing its	registered
agent. I a	am familiar with, and accept the obligati	of Florida. Such change was au ions of, Section 607.0505, Flor	uthorized by the corporati ida Statutes.	on's board of directors. I hereby accept the a	ippointment as reg	istered
agent. I a	am familiar with, and accept the obligati	of Florida, Such change was au ions of, Section 607.0505, Flor	uthorized by the corporati ida Statutes.	on's board of directors. I hereby accept the a	ippointment as reg	istered ·
agent. I a	am familiar with, and accept the obligation	ions of, Section 607.0505, Flor and title if applicable. (NOTE:	ida Statutes. Registered Agent signature require	on's board of directors. I hereby accept the a	E	
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agent. I a SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND P APPEL-KUSHMAN, ENID	ions of, Section 607.0505, Flor Land title if applicable. (NOTE: D DIRECTORS	ida Statutés.  Registered Agent signature require	on's board of directors. I hereby accept the a	E S AND DIRECTOR	RS IN 12
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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.

SIGNATURE: CILL CARELLA KILLIANE OF SIGNING OFFICER OR DIRECTOR

1/12/99 (34) 347-050

Daytime Phone #