## 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

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

04-29-1999 90116 035 \*\*\*150.00

## DOCUMENT # P96000042535

7010 BISCAYNE BLVD., INC.

							/B (  D  8      B
Principal Place of Business Mailing Address							
4060 INVERRARY DR. LAUDERHILL FL 33319		4060 Inverrary Dr. Lauderhill Fl 33319		DO NOT WRITE IN THI	2 PBAGE		
						3 SFACE	
					3. Date Incorporated or Qualifed		
		1.0.1.1.			01/30/1996 4. FEI Number		
	Principal Place of Business 2a. Mailing Address					<u> </u>	pplied For
21					65-0839354		lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired See Required			
1 <sup></sup> 1			27				
		City & State			6. Election Campaign Financing		Vay Be to Fees
Zip Country		28 Zin	Zip Country		Trust Fund Contribution		to rees
<u> </u>	<u> </u>		_ `		<ol> <li>This co poration owes the current year li Personal Property Tax.</li> </ol>	∏ Yes	[]No
24	9. Name and Address of Curre		10		10. Name and Address of New Registerer		
	5. Name and Address of Corn	ent registered Agent	81	Name	To: Hame that had been better together		
CAID	IN, STANLEY						
	INVERRARY DR.		82	Street Ad-	tress (P.O. Box Number is Not Acceptable)		
LAUDERHILL FL 33319			83				
			84	City	F	85   Zip	Code
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 its registered 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 as registered							
office or re	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was aut pations of, Section 607.0505, Florid	norized by ia Statutes	tne corpora	mon's board of directors. Thereby accept the app	miniment as it	agristered
ľ	, , , , , , , , , , , , , , , , , , , ,						
SIGNATURE	Signature, typed or printed nar ie of registered as	gent and title if applicable (NOTE R	tegistered Agen	t signature requ	red when reinstating) DATE		
12.	OFFICERS A	NC DIRECTORS	13.		ADDITIC NS/CHANGES TO OFFICERS /		
TITLE	D	DELETÉ	1 1 TITLE			Change	Addition
NAME	CAIDIN, STANLEY		1.2 NAME				
STREET ADDRESS	4060 INVERRARY DR.		1.3 STREET	ADDRESS			
CITY-ST-ZIP	LAUDERHILL FL 33319		1.4 CITY-S	T-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	CAIDIN, HELEN		2.2 NAME				
STREET ADDRESS	4060 INVERRARY DR.		2.3 STREET	TADDRESS			
CITY-ST-ZIP	LAUDERHILL FL 33319		2. 4 CITY-S	T-ZIP			
TITLE		☐ DELETE	3 1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP			· <b>—_</b>	
TITLE		☐ DELETE	5.1 TITLE		<del></del>	☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRE 3S		5		ADDRESS			
ČÍTY-ST-ZIP				T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	TADDRESS			
CITY-ST-ZIP			6.4 CITY-S	T-ZIP		_	

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.