PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris 350

Secretary of State

DIVISION OF CORPORATIONS

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

04-22-1999 90227 046 ***150.00

r. Corporation	MENT # P96000 OLDINGS, INC	071981					
Principal Place	e of Business	Mailing Address	_		L FOREIOUR HIS TOLEN SIEN SOLL SOLLE BOALD BORN	. (8881 (1818 IBIB) :	\$8481 ILBK 1881
7777 GLADES ROAD STE 410 7777 GLADES ROAD STE 410							
BOCA RATON FL 33434 BOCA RATON FL 33434							
					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		1
2 Deinoinal D	lace of Business	2a, Mailing Address	_		08/29/1996 4. FEI Number	I An	plied For
2. Fillicipare	ace of Dusifiess	26		62-1652188	<u> </u>	t Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75 A	
22	.,	27			5. Certifcate of Status Desired	Fee Red	quired
City & State		City & State		6. Election Campaign Financing	\$5.00	— May Be	
23		28		_	Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current year In		
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Current	t Registered Agent		241 41	10. Name and Address of New Registered	Agent	
HUA	OS IECCEDY		['	81 Name			
HOYOS, JEFFERY 7777 GLADES RD				B2 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
STE 410			\ -	02			
BOCA RATON FL 33434				83			
500	77 TURION I E 30404			84 City	FI	85 Zip C	ode
		3 4 007 4500 Florida Clab	the ab		prporation submits this statement for the purpose o	f changing its	registered
office or r	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was a	uthorized	by the corpora	ation's board of directors. I hereby accept the appo	intment as reg	jistered
SIGNATURE	Signature, typed or printed name of registered agent	Alotte	. Pagistored &	loopt signature requ	uired when reinstating) DATE		
12.	OFFICERS AN	 	13.	geni signature requ	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D	DELETE	1,1 TITL	E T		Change	Addition
NAME	WIENER, ELLIOT M		1.2 NAA	Æ !			
STREET ADDRESS	7777 GLADES ROAD STE 410		1.3 STR	EETADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33434		1.4 CIT	(-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITL			☐ Change	☐ Addition
NAME	WEST, ALFRED G		2.2 NA	AE			
STREET ADDRESS	7777 GLADES ROAD STE 410		2.3 STR	EET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33434	•	2.4 CIT	Y-ST-ZIP	<u> </u>		
TITLE	D	☐ DELETE	3.1 TITE	.E		Change	☐ Addition
NAME	HOYOS, JEFFREY		3.2 NAA	AE			
STREET ADDRESS	7777 GLADES ROAD STE 410		3.3 STF	EET ADDRESS			Ì
CITY-ST-ZIP	BOCA RATON FL 33434		3.4. CIT	Y-ST-ZIP			
TITLE		☐ DELETE	4.1 TITL	E		Change	☐ Addition
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STR	EET ADDRESS			
CITY-ST-ZIP	·		4.4 CIT	/-ST-ZIP		P3 4:	
TITLE		☐ DELETE	5.1 TITE	1	•	Change	Addition
NAME			5.2 NAN	i	•		}
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		☐ DELETE	6.1 TITL			☐ Change	Addition
NAME:			6.2 NAA				
STREET ADDRESS	1	•	6.3 STF	REET ADDRESS			

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 argual 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 received 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 attaching the with an address, with an address, with an address, with an address.

SIGNATURE:

201-187-2100