Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90147 048 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Principal Place 11296 CORAL I BOCA RATON I	key drive	Mailing Address 11299 CORAL KEY DRIVE BOCA RATON FL 33498		<u>.</u>	DO NOT WRITE IN THE 3. Date Incorporated or Qualifed 09/09/1996		
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			65-0798438	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	
22		27			3. Columbate of Citation Document	Fee Re	<u> </u>
City_&:State	0	City & State			6. Election Campaign Financing		May Be ====
23		28	0		Trust Fund Contribution	Added t	o rees
Zip	Country	Zip 30	Country	У	 This corporation owes the current year Personal Property Tax. 	Intangible Yes	□No
24	9 Name and Address of Current		<u> </u>		10. Name and Address of New Registere		
	9. Name and Address of Current	Registered Agent	81	Name	10. 110.110 2.12	<u></u>	
BIZZARRO, DEBORAH L 2929 E COMMERCIAL BLVD SUITE PH-C FORT LAUDERDALE FL 33308		83	3	ess (P.O. Box Number is Not Acceptable)	85 Zip (Code	
i			184	City	F	EL 63 25 \	3000
ł							
l office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligations of registered agent signature, typed or printed name of registered agent	of Florida. Such change was auth ions of, Section 607.0505, Florida	a Statute:	tne corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the application of the property of the	of changing its pointment as re	gistored
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CITY-ST-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 attachnion with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Change

☐ Addition