## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED May 06, 1999 8:00 am Secretary of State 05-06-1999 90100 017 \*\*\*150.00

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Principal Place of Business  ### ### ### ### ### ### ### ### ###	oplied For ot Applicabl Additional
Mailing Address   Agol, M. 17th WAY 497   FORT LAUDERDALE FL 320093773   Agol, M. 17th WAY 497   FORT LAUDERDALE FL 320093773   B. Date Incorporated or Qualified 10/08/1986   10/08/1986   10/08/1986   B. Date Incorporated or Qualified 10/08/1986   B. Date Incorporated Incorporated Incorporated Incorporated Incorporated Incorporated Incorporated Incorporation Incorporated Agent Incorporated Incorporation Incorporated Agent Incorporated Agent Incorporated Incorporation Incorporated Agent Incorporated Incorporation Incorporated Incorporation Incorporated Incorporation Incorporated Incorporation Incorporated Incorporation Incorporation Incorporated Incorporation Incorporated Incorporation Incorporated Incorporation Incorporated Incorporation Incorporated Incorporation Incorporation Incorporation Incorporated Incorporation Incorporati	oplied For ot Applicabl Additional
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9. Name and Address of Current Registered Agent  PARADISO, DON A ESO 5874 DEERFIELD PLACE LAKE WORTH FL 33463  82 Street Address (P.O. Box,Number is Not Acceptable) 83 Street Address (P.O. Box,Number is Not Acceptable) 84 City DEERFIELD BEACH FL 85 Zip 85 Street Address (P.O. Box,Number is Not Acceptable) 86 Street Address (P.O. Box,Number is Not Acceptable) 87 Street Address (P.O. Box,Number is Not Acceptable) 88 Street Address (P.O. Box,Number is Not Acceptable) 89 Street Address (P.O. Box,Number is Not Acceptable) 80 Street Address (P.O. Box,Number is Not Acceptable) 81 Name F1 Street Address (P.O. Box,Number is Not Acceptable) 82 Street Address (P.O. Box,Number is Not Acceptable) 83 Street Address (P.O. Box,Number is Not Acceptable) 84 City DEERFIELD BEACH FL 85 Zip 85 Street Address (P.O. Box,Number is Not Acceptable) 86 City DEERFIELD BEACH FL 85 Zip 86 City DEERFIELD BEACH FL 85 Zip 87 Street Address (P.O. Box,Number is Not Acceptable) 88 Street Address (P.O. Box,Number is Not Acceptable) 89 Street Address (P.O. Box,Number is Not Acceptable) 80 Street Address (P.O. Box,Number is Not Acceptable) 80 Street Address (P.O. Box,Number is Not Acceptable) 81 Street Address (P.O. Box,Number is Not Acceptable) 82 Street Address (P.O. Box,Number is Not Acceptable) 83 Zipa Language L	F3144
PARADISO, DON A ESO 5874 DEERFIELD PLACE LAKE WORTH FL 33463  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 in 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 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 agent, the objections of, Section 607 0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  MORGENSTERN, FRED  12. DEFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT  11. TITLE  MM  MORGENSTERN, FRED  12. TITLE  13. TITLE  14. CITY-ST-ZP  TITLE  14. CITY-ST-ZP  TITLE  14. CITY-ST-ZP  TITLE  15. TITLE  16. Change  17. ST-ZP  TITLE  16. Change  17. ST-ZP  TITLE  17. Change  18. Name  18. Vice Address (P.O. Box, Number is Not Acceptable)  18. Street Address (P.O. Box, Number is Not Acceptable)  18. Street Address (P.O. Box, Number is Not Acceptable)  18. Street Address (P.O. Box, Number is Not Acceptable)  18. States Address (P.O. Box, Number is Not Acceptable)  19. States Address (P.O. Box, Number is Not Acceptable)  19. States Address (P.O. Box, Number is Not Acceptable)  19. States Address (P.O. Box, Number is Not Acceptable)  19. States Address (P.O. Box, Number is Not Acceptable)  19. States Address (P.O. Box, Number is Not Acceptable)  19. States Address (P.O. Box, Number is Not Acceptable)  19. States Address (P.O. Box, Number is Not Acceptable)  19. States Address (P.O. Box, Number is Not Acceptable)  19. States Address (P.O. Box, Number is Not Acceptable)  19. States Address (P.O. Box, Number is Not Acceptable)  19. States Address (P.O. Box, Number is Not Acceptable)  19. States Address (P.O. Box, Number is Not Acceptable)  19. States Address (P.O. Box, Number is Number is Not Acceptable)  19. States Address (P.O	□-₩o
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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 it 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 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 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 agent, and the if applicable.  NOTE: Registered Agent signature recurred when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. TITLE  MORGENSTERN, FRED  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. STREET ADDRESS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. STREET ADDRESS  14. CITY. ST. ZIP  14. CITY. ST. ZIP  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. STREET ADDRESS  16. STREET ADDRESS  17. ST. ZIP  18. STREET ADDRESS  18. CITY. ST. ZIP  18. CITY. ST. ZIP  19. CHANGE  19. CHANG	<u>A () OI</u>
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 it 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 a gent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, hyped or printed many of Agentative spent and title if applicable.	
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 it 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 a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, typed or printed many of Agents agent and title if applicable.  INOTE: Registered Agent alignature recurred when reinstating)  12.	Code
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 agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.  SIGNATURE  SIGNATURE  Signature, hybod or printed name of Agent agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. TITLE  MORGENSTERN, FRED  12. YAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  1.1 TITLE  1.2 LAME  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  1.2 LAME  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  1.1 TITLE  1.2 LAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  1.1 TITLE  1.2 LAME  3.3 STREET ADDRESS  CITY-ST-ZIP  Change  Chan	3442
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I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. I little 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:

954 <u>557-3651</u>

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