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

1999 DOCUMENT # **P96000087669**1. Corporation Name

Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90086 038 ***150.00

LYDIA B	. KUNEUNY, INU								
Principal Place	e of Business	Mailing Address			 		+ 1 0 117 1 0010 0 11	18 81119 1811 (881	
4000 N FEDER/ FT LAUDERDAL	AL HWY	1370 SO. OCEAN BLVD. AAPT 2607 POMPANO BEACH FL 33062-7140				DO NOT WRITE IN THE	S SPACE		
		US	02-7140			3. Date Incorporated or Qualifed 10/24/1996			
2. Principal P	2a. Mailing Address				4. FEI Number	L A	opplied For		
21		26				65-0708218		lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	e	City & State	City & State			6. Election Campaign Financing	•) May Be	
23		28				Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip		ıntry		8. This corporation owes the current year Ir			
24	25	29	30	,		Personal Property Tax.	Yes	No	
	9. Name and Address of Curre	nt Registered Agent		041	A1	10. Name and Address of New Registered	Agent		
KON	ECKY I VDIA D			81	Name			1	
1370	ECKY, LYDIA B SO OCEAN BLVD.			82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
	2607			83					
POM	IPANO BEACH FL 33062			84	City	F	85 Zip	Code	
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida, Such change was a ations of, Section 607.0505, Flo	authorize orida Stat	utes.	ine corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the appoint the purpose of the purpos	intment as i	registered	
	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT) ND DIRECTORS	E: Registered	Agent	signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	
TITLE	P	DELETE	1.1 ∏	TI F		ADDITIONO DIANGEO TO OTTOCKO	[] Change		
	`	_	1.2 N						
STREET ADDRESS 1370 SO OCEAN BLVD.		Apt. 2607			ADDRESS			Ì	
	POMPANO BEACH FL 33062	•			1			ļ	
CITY-ST-ZIP	POMPANO BEACH PL 33002	☐ DELETE	2.1 T	ITY-ST	-ZIP		Change	Addition	
TITLE	C Nett-F			2.2 NAME			- '	_	
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NAME			5.2 N					1	
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NAME			6.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP]		6.40	ITY-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 suppliemental 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 chapter, or on an attachment with an address, with all other like empowered.

SIGNATURE: