FII F NAW:	FII ING FI	FF AFTFR M	ALY 1ST IS	\$ 550 በበ

* COF	PROFIT RPORATION JAL REPORT 1999		Katherin Secretary		FILED	55
DOCUI 1. Corporation TEAM 2,	n Name	00009092	1		99 MAY -1, PN 2: SECULOTION OF STA	NTE RIDA
Principal Place 200 EAST BRO SUITE 1500 FORT LAUDERG	WARD BLVD.	SUITE 1500	BROWARD BLVD.		DO NOT WRITE IN TO 3. Date Incorporated or Qualifed 11/06/1996	HIS SPACE
2. Principal P 21 Suite, Apt.	#, etc.	2a, Mailing 26 Suite, A	Address		4. FEI Number 65-0738119 5. Certificate of Status Desired [1]	Applied For Not Applicable \$8.75 Additional Fee Required
City & Stat 23 Zip	Country	28 Zip		Country	Election Campaign Financing Trust Fund Contribution This corporation owes the current year	
200 Suit	25 9. Name and Address of IZ, DENISE EAST BROWARD BLVD. TE 1500 T LAUDERDALE FL 33301			81 Name 82 Street Addr 83 84 City	Personal Property Tax. 10. Name and Address of New Register ress (P.O. Box Number is Not Acceptable)	☐ Yes ☐ No ed Agent ■ 85 Zip Code
office or re	to the provisions of Sections egistered agent, or both, in th m familiar with, and accept th Signeture, typed or printed name of regi	ne State of Florida. Such ne obligations of, Section	change was aut 607.0505, Florid	thorized by the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered
12.	OFFIC	ERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS	.,
trruE	DPST		☐ DELETE	1 1 TITLE		Change [1] Addition
NAME STREET ADDRESS	ganz, denise 200 e. Broward Blvd) SUITE 1500		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33			14 CITY-ST-ZIP		!
TITLE			DELETE	21 TITLE		[] Change [] Addition
NAME				2 2 NAME	800002 8 6 -05/0799	<u>60885-6</u> 5
STREET ADDRESS CITY-ST-ZIP				2 3 STREET ADORESS 2 4 City-St-ZiP	-05/07/99-	01009006 m *********
TILE			[] DELETE	31 TITUE]① <u>*****150,00</u> □]Change []]Addition
NAME				32 NAME		
STREET ADDRESS	ļ			3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE			DELETE	34 CITY-ST-ZIP		[]Change []Add-ton
NAME	Į		E.I DECETE	4 2 NAME		Elemende Elemente
STREET ADDRESS				4.3 STREET ADDRESS		
C/TY-\$T-Z/P			red contract	4.4 CITY-\$1-ZIP		
TITLE			[] DELETE	51 TITLE 52 NAME		[] Change [] Addition
NAME STREET ADDRESS				52 NAME 53 STREET ADDRESS		!
CITY-ST-ZIP				54 CiTY-ST-7/P		0
TITLE			[] DELETE	61 TITLE	· · · · · · · · · · · · · · · · · · ·	[_] Change [odition
NAME				6 2 NAME		A 0, PA
STREET ADDRESS				63 STREET ADDRESS		2147

STREET ACCRESS

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 logal 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 men an attackmen with an address, with all other like empowered.

SIGNATURE:

APRIL 30, 1999

Layring Florida Florida Statutes in the information stated in Section 119 07(3)(i), Florida Statutes in funde under 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 logal effect as if made under 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 logal effect as if made under 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 logal effect as if made under 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 logal effect as if made under certify that the information indicated on this annual report or supplemental ann