FILED

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90029 012 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # P96000 TAUB, P.A.	1094721							
Principal Place	of Rusiness	Mailing Address				VIIMBE ISA SAREN ASIIS AAISI A	ENITE METER NATURE :	8411 0 4811 18818	14881 (181 (88)
•		7777 GLADES ROAD			\ 				
7777 GLADES ROAD 7777 GLADES ROAD SUITE 313 SUITE 313									
BOCA RATON FL 33434 BOCA RATON FL 33434						DO NOT WE	RITE IN THIS	SPACE	
US		US			3. Date Inc	corporated or Qualifed	d		
					11/15/	1996			
2 Principal Pla	ace of Business	2a. Mailing Address			4, FEI Num			Ap	plied For
<u> </u>		26			65-072			No	t Applicable
Suite, Apt. #	# etc	Suite, Apt. #, etc.						\$8.75 A	dditional
22	.,	27			5. Certifcat	le of Status Desired		Fee Re	quired
City & State		City & State			s" Flection	Campaign Financing		\$5.00	May Be
23	•	28			1 -	and Contribution	' 🗆	Added to	, ,
Zip	Country	Zip	Country			poration owes the cu	rrent vear inta	angible	
-	25		30			l Property Tax.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No
24	9. Name and Address of Currer		1			and Address of New	Registered /	Agent	
	9. Name and Address of Conten	It itegistered Agent	81	Name					
TAUE	B, RICHARD F								
7777 GLADES ROAD			82	Street	Address (P.O. Box !	Number is Not Accep	otable)		
SUITE 313			-		• •				
BOCA RATON FL 33434			83						
DUCA NATUN FL 33434			84	City				85 Zip C	Code
				_			<u>FL</u>	<u> </u>	
agent. I ar SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State π familiar with, and accept the obliga	ations of, Section 607.0505, Fiorit	ua Statutes	·. 		rectors. I hereby acco	ept the appoir	ntment as req	gistered
	Signature, typed or printed name of registered age		13.	nt signature i	required when reinstating)	NS/CHANGES TO O		D DIRECTO	RS IN 12
12.			1.1 TITLE		ZODITIO	NS/OTIANGES TO C	·	☐ Change	Addition
TITLE	· -	O percic	1						
NAME	TAUB, RICHARD F		1.2 NAME						
STREET ADDRESS	7777 GLADES ROAD		1.3 STREE	TADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 CITY-S	T-ZIP					
TITLE	VD	☐ DELETE	2.1 TITLE					☐ Change	☐ Addition
NAME	TAUB, DENA R		2.2 NAME						
STREET ADDRESS			2.3 STREE	TADORESS					
CITY-ST-ZIP	BOCA RATON FL 33432 2.4		2.4 CITY-S	ST-ZIP	1				
TITLE		☐ DELETE	3.1 TITLE		1			☐ Change	☐ Addition
NAME			3.2 NAME						
				T ADDRESS					
STREET ADDRESS						,			
CITY-ST-ZIP		☐ DELETE	3.4. CITY-5 4.1 TITLE	51-ZIP	 			Change	Addition
TITLE		C BELLIE						_ ,	
NAME			4. 2 NAME						
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP	·		4.4 CITY-S	T-ZIP	 				CT 4 dddan
TITLE		☐ DELETE	5.1 TITLE			•		Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	T ADDRESS		•			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	L				
TITLE		□ DELETE	6.1 TITLE					☐ Change	☐ Addition
NAME			6.2 NAME			•			

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 attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS