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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000100257

1. Corporation Name

ELOODDI ANG MAGAZINE INC

FLOORE	LANS WAGAZINE, INO.							
Principal Place of Business Mailing Address) (Anithair tin Inite alitt mastr antit antat til)		
1500 NORTHWEST 3 STREET, SUITE 103 1500 NORTHWEST 3 STREET, SUIT								
DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442				••				
				DO NOT WRITE IN THIS SPACE		IIS SPACE		
			•		3, Date Incorporated or Qualifed		}	
					01/01/1997			i
2. Principal Pl	ace of Business	2a. Mailing Address			4, FEI Number	<u> </u>	lied For	
21		26			65-0714209		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			
City & State		City & State		6. Election Campaign Financing \$5.00 May Be				
23		28		Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Country	<u> </u>	8. This corporation owes the current year	Intangible		i
24	25	29	30		Personal Property Tax.	Yes	□No	l
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent		l
		<u> </u>	81	Name				l
AMERILAWYER CHARTERED			82	Street Add	ress (P.O. Box Number is Not Acceptable)			1
343 ALMERIA AVENUE								
CORAL GABLES FL 33134			83	3				
	•		84	City		. 85 Zip C	ode	
1				1 1		'L		
office or o	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	it Florida. Such change was au	tnonzea by	/ the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	pointment as reg	istered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Age	ent signature require	ed when reinstating) DATE	·		ء
12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12	o o
TITLE			1.1 TITLE			☐ Change	☐ Addition	7
NAME.	1717		1.2 NAME					5
STREET ADDRESS	ACON MORTHUROT O OTROCTY OURT 400			ET ADDRESS				Ų
CITY-ST-ZIP			1.4 CITY-	ST-ZIP				6
TITLE		☐ DELETE	2.1 TITLE			Change	☐ Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREI	ET ADDRESS				
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE		* * * * * * * * * * * * * * * * * * *	Change -	 Addition 	
NAME			3.2 NAME	:	•			l
STREET ADDRESS			3,3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4. C(TY-	ST-ZIP				1
TITLE		☐ DELETE	4,1 TITLE			☐ Change	☐ Addition	
NAME			4, 2 NAME	≣				
STREET ADDRESS	4.3		4.3 STRE	ET ADDRESS	·			ļ
CITY-ST-ZIP	· ,		4.4 CITY-	ST-ZiP				-
TITLE	-	. DELETE 5.11			•	Change	Addition	1
NAME .			5.2 NAME					1
STREET ADDRESS	<u> </u>		5.3 STRE	ET ADORESS				l

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 appear 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

SIGNATURE:

CITY-ST-ZIP

STREET ADORESS

CITY-ST-ZIP

TITLE

NAME

DELETE

☐ Change

☐ Addition