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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000104402

1. Corporation Name

ITIENAF	EUTIC REPADILITATION CEN	NIED:	5 II, ING.							
Principal Place	e of Business	Ma	iling Address			$\neg \neg$	1 46 11 99	88111	Mar Oleki dinci	
6300 W. LANTANA ROAD P.O.BOX 696 SUITE 29-30 FT. LAUDERDALE FL 333024										
LAKE WORTH FL 33463 US							DO NOT WE	RITE IN THIS	SPACE	
US							Date Incorporated or Qualife	d		
							12/23/1996			
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number		Aŗ	pplied For
21		26	PO Box	\mathcal{A}^{c}	つみろ		65-0727429		Ne	ot Applicable
Suite, Apt.	#, etc.	1 -	Suite, Apt. #, etc.	_ =			5. Certifcate of Status Desired		• -	Additional
22		27					5. Certificate of Status Desired		Fee R	equired
City & State	3 .		City, & State	1 /			6. Election Campaign Financin	9 🗇	\$5.00	May Be
23		28	1-t. Lande	rdak	o FC		Trust Fund Contribution		Added	to Fees
Zip	Country		Zip	C	untry		This corporation owes the cu	irrent year Inta	angible	
24	25	29	33303	30	USA		Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Regist	tered Agent				10. Name and Address of New	Registered	Agent	
		81 Name	5	N. Paris						
BARAQUE, GEORGE J					82 Street Address (P.O. Box Number & Not Acceptable)					
855 EAST 10TH AVENUE						53	OI N. Federal H	Tehur		
HIALEAH FL 33010-4645					83	0	4. 000	0 /		
					84 City	<u> </u>	100 200		85 7in	Code
						Βo	CC Kection	FL	. 133	3487
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 its registered office or registered agent or both, in no State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										registered
office or r	egistered agent or both, in the State of m familiar with, and accept the obligation	f Florid ons of.	 a. Such change was a Section 607.0505, Flance 	authoriza Orida Sta	ed by the corporatutes	ration	's board or directors. I hereby act	epi ine appoii	milen aş re	gistered
J			Tama	a Xí	Remark	_		4-17-	-99	- 1
SIGNATURE	Signature, typed or printed name of registered agent	and title if	applicable. (NOT	E: Register	ed Agent signature red	quired w	vhen reinstating)	DATE	-14	
12.	OFFICERS AND	DIRE	CTORS	13			ADDITIONS/CHANGES TO C	FFICERS AN		
TITLE	DPST U		☐ DELETE	1.1	TITLE				Change	☐ Addition
NAME	TSCHANZ, MARTIN			1.2	NAME			(D. 1	_	}
STREET ADDRESS	-6309-WLANTANA-ROAD; SUITI	E-#30		1.3	STREET ADDRESS		4488 N. Universi	ייזע איי	1.6	.]
CITY-ST-ZIP	LAKE WORTH FL 33463			1.4	CITY-ST-ZIP		4488 N. University FL	333	<u>51</u>	
TITLE	D ,		☐ DELETÉ	2.1	TITLE		,		Change	☐ Addition
NAME	Charles Dinsmore I			2.2	NAME					ŀ
STREET ADDRESS	4488 N. University	DW	le	2.3	STREET ADDRESS					
CITY-ST-ZIP	Laudenhill FC 3	335	ı	2.4	CITY-ST-ZIP					
TITLE	D		☐ DELETE	3.1	TITLE				Change	☐ Addition
NAME	Alexander Kunz			3.2	NAME					
STREET ADDRESS	4488 M. University	DN	ve	3.3	STREET ADDRESS					ĺ
CITY-ST-ZIP	Louder hill FC 3	37	((3.4.	CITY-ST-ZIP					
TITLE	Junior Print,		☐ DELETE		TITLE				Change	Addition
NAME				4. 2	NAME					Ì
STREET ADDRESS					STREET ADDRESS					
CITY-ST-ZIP					CITY-ST-ZIP					
TITLE			☐ DELETE		TITLE				☐ Change	Addition
NAME			-		NAME					i
STREET ADDRESS				5.3	STREET ADDRESS					
CITY-ST-ZIP				5.4	CITY-ST-ZIP					
TITLE			☐ DELETE	_	TITLE				Change	☐ Addition

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 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 ine/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 all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

SIGNING OFFICER OR DIRECTOR