Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90179 014 ***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

DOCUMENT # DOZOGOGGAO

1. Corporation	PROPERTY AND EQUITY, I						
Principal Place	e of Business	Mailing Address) identifier (10 1511) tentt entit entit entit sent sent sent	, ,	1010 1014 1004
4548 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308							
					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed	•	
					01/22/1997		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21		26			65-0732897	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	, \$8.75 A	
22 _	je na najvenika je je na pravi se časa i je je je na pravi se časa i je	27	سمد ۔	~·	5. Certificate of Grands Busined	Fee Rec	
City & Stat	le le	City & State			6. Election Campaign Financing	\$5.00	
23 .		28	0		Trust Fund Contribution	Added to	rees
Zip	Country	Zip 3	Country	y	This corporation owes the current year Into Personal Property Tax.		⊟Nö
24	9. Name and Address of Currer		100		10. Name and Address of New Registered		
	g, Name and Address of Currer	is regional and and	81	Name			
BISH	IINS, LARRY V				(D.C. D. Allaharia Nat Assessable)		——-[
4548 NORTH FEDERAL HIGHWAY				82 Street Address (P.O. Box Number is Not Acceptable)			
FORT LAUDERDALE FL 33308			83	3			
				1 00		85 Zip C	oda
			84	1 1	FL)	
office or r	registered agent, or both, in the State im familiar with, and accept the obligation of the state of the obligation of	of Florida. Such change was autitions of, Section 607.0505, Florid	nonzed by da Statute:	y the corpora s.	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoint	ntment as reg	jistered
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	HARRIS, JOAN		1.2 NAME				
STREET ADDRESS	303 PENDLETON LANE		1.3 STREE	ET ADDRESS			}
CITY-ST-ZIP	PALM BEACH FL 33480		1.4 CITY-	ST-ZIP			
TITLE	-	DELETE	2.1 TITLE		,	☐ Change	Addition
NAME			2.2 NAME	.]			}
STREET ADDRESS			2.3 STREE	ET ADDRESS			
CITY-ST-ZIP			2.4 CITY-	ST-ZIP		☐ Change	Addition
TITLE	1	☐ DELETE	3.1 TITLE			. L. Change	
NAME			3.2 NAME		•		
STREET ADDRESS				ETADDRESS	•		
C!TY-ST-ZIP		☐ DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP		☐ Change	Addition
TITLE			4.1 MCE	.)	•		
NAME CTREET ADDOCCO				ET ADDRESS			
STREET ADDRESS			4.3 STREE				
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	JI-ZEF		Change	Addition
NAME		<u></u>	5.2 NAME	.	•		Ì
				ET ADDRESS			
STREET ADDRESS			5.4 CITY-				
CITY-ST-ZIP TITLE	 	☐ DELETE	6.1 TITLE			☐ Change	Addition
	İ		62 NAME				

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

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #

Date