FILED Feb 23, 1999 8:00 am Secretary of State 02-23-1999 90008 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1000



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS - 32 2.

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DOCUI	MENT # P97000	0008614			l l				
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Principal Place	e of Business	Mailing Address							
5000 TAMIAMI 1		25245 ZODIAC LANE Punta Gorda Fl 33983							
CHARCOTTE MA	ARBOA FL 33990	US	300		DO NO	T WRITE IN THIS	SPACE		
					 Date Incorporated or Q 01/23/1997 	Jalifed			
2. Principal Pl	lace of Business	2a. Mailing Address			4, FEI Number		Ap	plied For	
21		26			65-0726857	<u>.</u>		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Des	ired 🔲	\$8.75 / Fee Re		
22		27		 				·	
City & State	e	City & State			Election Campaign Fina Trust Fund Contribution	. [7]	\$5.00 Added I		
Zip	Country	Zip	Col	intry	8. This corporation owes t				
 	25	29	30		Personal Property Tax.		~□Yes	□No	-
24	9. Name and Address of Curre		1841		10. Name and Address of	New Registered	Agent		
				81 Name					ļ
SILBERMAN, AUDREY 25245 ZODIAC LANE				B2 Street	Address (P.O. Box Number is Not /	Acceptable)	. _		
	TA GORDA FL 33983			83			·		
<u> </u>				74 65			85 Zip (ode	•
				84 City	*	FL	_	;	
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508, Fiorida S	tatutes, the a	bove-named	corporation submits this statement	for the purpose of	f changing its	registered pistered	
office or n	egistered agent, or both, in the Stati im familiar with, and accept the oblig	of Florida. Such change w	vas authorize	n by the colbr	nations south or directors. Thereby	accept are oppo		9-22	
ayent, le	IN I CAN MAKE WITH A STILL BUCCOPINGS OURS	jations of, Section 607,000	5, Florida Stat	iutes,					ĺ
GIGNIATURE	Chudren Silk	uman	o, rionga siai	iotes,		11051			_
SIGNATURE	Signature, typed or printing juried of registered ag	ent and title H applicable.	(NOTE: Registered	iotes,	equired when reinstating)	ILOST	29		(86)
SIGNATURE	Signature, typed or printal June of registered as	uman	(NOTE: Registered	i Agent pignature n		ILOST	29		(11/98)
SIGNATURE 12. TITLE	Styrodure, typed or printing faired of registered as OFFICERS A	ent and title if applicable. ND DIRECTORS	(NOTE: Registered	Agent signature A	equired when reinstating)	ILOST	99 ND DIRECTO	RS IN 12	34 (11/98)
SIGNATURE 12. TITLE NAME	Storadure, typed or printed fame of registered as OFFICERS A	ent and title if applicable. ND DIRECTORS	(NOTE: Registers: 13. TE 1.1 TI 1.2 N	Agent signature A	equired when reinstating)	ILOST	99 ND DIRECTO	RS IN 12	E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Styreture, typed or printing family of registered as OFFICERS A P SILBERMAN, AUDREY	ent and title if applicable. ND DIRECTORS	(NOTE: Registers) 13. IE 1.3 TI 1.2 N 1.3 6	s Agent signature n TLE AME	equired when reinstating)	ILOST	ND DIRECTO	RS IN 12	:R2E034 (11/98)
SIGNATURE 12. TITLE NAME	Standard, typed or printing faint of represented as OFFICERS A P SILBERMAN, AUDREY 25245 ZODIAC LANE	ent and title if applicable. ND DIRECTORS	(NOTE: Registers) 13. IE 1.3 TI 1.2 N 1.3 6	Agent signature in TILE AME TREET ADDRESS	equired when reinstating)	ILOST	99 ND DIRECTO	RS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Spinature, typed or printing faint of represented as OFFICERS A P SILBERMAN, AUDREY 25245 ZODIAC LANE PUNTA GORDA FL	ent and Bile V applicable. ND DIRECTORS	(NOTE: Registers) 13. IE 1.3 TI 1.2 N 1.3 6	Agent Pignature A TILE AME TREET ADDRIESS ITY: ST-ZIP	equired when reinstating)	ILOST	ND DIRECTO	RS IN 12	CR2E034 (11/98)
SIGNATURE 12. IITLE NAME STREET ADDRESS OTV-ST-ZP TITLE	Styreture, typed or printing fame of registered as OFFICERS A P SILBERMAN, AUDREY 25245 ZODIAC LANE PUNTA GORDA FL VP	ent and Bile V applicable. ND DIRECTORS	(NOTE: Registered 13. TE 1.1 TI 12 N. 1.3 S 1.4 C TE 2.1 TI 2.2 N.	Agent Pignature A TILE AME TREET ADDRIESS ITY: ST-ZIP	equired when reinstating)	ILOST	ND DIRECTO	RS IN 12	CR2E034 (11/98)
SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Standard, typed or printing faint of represented as OFFICERS A P SILBERMAN, AUDREY 25245 ZODIAC LANE PUNTA GORDA FL VP FELDMAN, MARK	OF DELET	(NOTE: Registered 13. IE 1.1T 12.N 1.3.6 1.4.C IE 2.1T 2.2.N 2.3.6	ID Agont signature in TLE AME TREET ADDRESS STY-ST-ZIP TLE AME TREET ADDRESS CITY-ST-ZIP TREET ADDRESS	equired when reinstating)	ILOST	ND DIRECTO Change	RS IN 12 Addition	CR2E034 (11/98)
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME STREET ADDRESS	Standard, typed or printing faired of registered as OFFICERS A P SILBERMAN, AUDREY 25245 ZODIAC LANE PUNTA GORDA FL VP FELDMAN, MARK 254 WEST 51ST STREET	ent and Bile V applicable. ND DIRECTORS	(NOTE: Registered 13. IE 1.1T 12.N 1.36 1.4C IE 2.1T 2.2N 2.36 2.46 IE 3.1TI	I Agont signature in TLE AME TREET ADDRESS STY-ST-ZIP TLE AME TREET ADDRESS CITY-ST-ZIP TREET ADDRESS	equired when reinstating)	ILOST	ND DIRECTO	RS IN 12	CR2E034 (11/98)
SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME STREET ADDRESS CITY-ST-ZEP	Standard, typed or printing faired of registered as OFFICERS A P SILBERMAN, AUDREY 25245 ZODIAC LANE PUNTA GORDA FL VP FELDMAN, MARK 254 WEST 51ST STREET	OF DELET	(NOTE: Representation 13.1	I Agont signature in TLE AME TREET ADDRESS STY-ST-ZIP TLE AME TREET ADDRESS CITY-ST-ZIP TLE AME TREET ADDRESS	equired when reinstating)	ILOST	ND DIRECTO Change	RS IN 12 Addition	CR2E034 (11/98)
SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS	Standard, typed or printing faired of registered as OFFICERS A P SILBERMAN, AUDREY 25245 ZODIAC LANE PUNTA GORDA FL VP FELDMAN, MARK 254 WEST 51ST STREET	OF DELET	(NOTE: Representation 13.1	I Agont signature in TLE AME TREET ADDRESS STY-ST-ZIP TLE AME TREET ADDRESS CITY-ST-ZIP TLE AME TREET ADDRESS	equired when reinstating)	ILOST	ND DIRECTO Change	RS IN 12 Addition	CR2E034 (11/98)
SIGNATURE 12. ITTLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP	Standard, typed or printing faired of registered as OFFICERS A P SILBERMAN, AUDREY 25245 ZODIAC LANE PUNTA GORDA FL VP FELDMAN, MARK 254 WEST 51ST STREET	ent and the Mapplicable. ND DIRECTORS DELET	(NOTE: Recisions) 13. 15. 12. 12. 13.6 14.0 17. 17. 18. 14.0 17. 18. 18. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	ID Agent signature in TLE AME TREET ADDRESS STY-ST-ZIP TLE AME TREET ADDRESS CITY-ST-ZIP TLE AME TREET ADDRESS STY-ST-ZIP TLE AME TREET ADDRESS STY-ST-ZIP	equired when reinstating)	ILOST	ND DIRECTO Change	RS IN 12 Addition	CR2E034 (11/98)
SIGNATURE 12. ITILE NAME STREET ADDRESS OTY-ST-ZP TITLE	Standard, typed or printing faired of registered as OFFICERS A P SILBERMAN, AUDREY 25245 ZODIAC LANE PUNTA GORDA FL VP FELDMAN, MARK 254 WEST 51ST STREET	OF DELET	(NOTE: Recisions) 13. 12. 12. 12. 13.6 14.0 13.6 14.0 14.0 15. 16. 21.1 22. 23.5 2.40 23.5 2.40 33.5 34.6	ID Agent signature in TLE AME TREET ADDRESS STY-ST-ZIP TLE AME TREET ADDRESS CITY-ST-ZIP TLE AME TREET ADDRESS STY-ST-ZIP TLE AME TREET ADDRESS STY-ST-ZIP	ADDITIONS/CHANGES	ILOST	ND DIRECTO Change Change	RS IN 12 Addition Addition Addition	CR2E034 (11/98)
SIGNATURE 12. ITITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Shreature, typed or printing family of registered as OFFICERS A P SILBERMAN, AUDREY 25245 ZODIAC LANE PUNTA GORDA FL VP FELDMAN, MARK 254 WEST 51ST STREET NEW YORK NY_10019_	ent and the Mapplicable. ND DIRECTORS DELET	(NOTE: Receivement 13.1 12.1 12.1 13.6 14.0 14.0 15.1 14.0 15.1 15	ID Agent signature in THE AME TREET ADDRESS STY-ST-ZIP THE AME TREET ADDRESS CITY-ST-ZIP THE AME TREET ADDRESS STY-ST-ZIP THE TREET ADDRESS STY-ST-ZIP TREET ADDRESS STY-ST-ZIP TREET ADDRESS	ADDITIONS/CHANGES	ILOST	ND DIRECTO Change Change	RS IN 12 Addition Addition Addition	CR2E034 (11/98)
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SIGNATURE 12. ITTLE NAME SIREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP	Signature, typed or private land of registered as OFFICERS A P SILBERMAN, AUDREY 25245 ZODIAC LANE PUNTA GORDA FL VP FELDMAN, MARK 254 WEST 51ST STREET NEW YORK NY_10019	ent and the Mapplicable. ND DIRECTORS DELET DELET DELET	(NOTE: Recisions 13. 13. 13. 13. 14. 13. 14. 13. 14.	A Agent signature in ITLE AME TREET ADDRESS STY ST ZIP TREET ADDRESS CITY ST ZIP TREET ADDRESS CITY ST ZIP TREET ADDRESS STY ST ZIP TREET ADDRESS STY ST ZIP TREET ADDRESS STY ST ZIP TREET ADDRESS TY ST ZIP TREET ADDRESS TY ST ZIP TREET ADDRESS	ADDITIONS/CHANGES	ILOST	ND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition	CR2E034 (11/98)
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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 number 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 tegal effect as if made under oath; that I am 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.

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