## 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 # P97000010425

RUSSO & MITCHELL, P.A.

## FILED Feb 06, 1999 8:00am Secretary of State

02-06-1999 90031 010 \*\*\*150.00



						. •			
Principal Place of Business Mailing Address									11001 0111 1081
7515 W OAKLAND PK BLVD 7515 W OAKLAND PK BLVD									
STE 103 STE 103						•			
FT. LAUDERDALE FL 33319 FT. LAUDERDALE FL 33319				9			DO NOT WRITE IN THIS SPACE		
US US					•		3. Date Incorporated or Qualifed		
	1						01/29/1997		
2. Principal I	Place of Business	2a. Mailir	ng Address				4. FEI Number	<u> </u>	plied For
21		26					65-0717024		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	,	Additional	
22 27							Fee Re	equired	
City & Sta	ite	City_8	& State	الدادر حسد			6 Election Campaign Financing		May Be
23		28	<del></del>				Trust Fund Contribution	Added	to Fees
Zip	Country	. Zip		Con	ntry		8. This corporation owes the current	year Intangible	
24	25 29			30			Personal Property Tax.	☐ Yes	· 🗆 No .
	9. Name and Address of 0				L.,		10. Name and Address of New Reg	istered Agent	
					81	Name			
	CHELL, JOE M III				82	Street Addre	ess (P.O. Box Number is Not Acceptable	<u></u>	
7515 WOAKLAND PARK BLVD						Oll COL / Iddis	ideas (F.O. Box Number is Not Acceptable)		
STE 103					83	83			
' FT I	Lauderdale FL 33319						12 31, 231, 341, 341, 341, 341, 341, 341, 341, 3		11201 1111 148
2					84	City	• • • • • • • • • • • • • • • • • • • •	FI 85 Zip	Code
11 Fursuan	t to the provisions of Sections 60	07.0502 and 607.150	8. Florida Statu	tes, the a	bove	-named corpo	oration submits this statement for the pu	pose of changing its	registered
office or	registered agent, or both, in the	State of Florida. Suc	:h change was	authorized	iby t	he corporatio	on's board of directors. I hereby accept to	ne appointment as re	gistered
ri ⊊ <b>agent</b> ilia ⊣as	am familiar with, and accept the	obligations of, Section	on 607.0505; FF	onda Stati	nes.				
SIGNATURE	Sland of Said an adulation of Said	ared agent and title if applicat	nto (NOT	E: Pacietorad	Apont	pionatura raquirad	d when reinstating)	DATE	]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re  12. OFFICERS AND DIRECTORS					rigun	Signatoro required	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	PD		DELETE	13.	ΠE	1	the Control Control of	☐ Change	Addition
NAME	MITCHELL, JOE M III			1.2 N			h h said		
STREET ADDRESS 7515 W OAKLAND PARK BLVD STE 103			1		ADORESS				
	FT. LAUDERDALE FL 333			- 1	TY-ST-	1			
TITLE	ST ST	· 10	☐ DELETE	2.1 717		· ZIF		Change	Addition
	1 **		_ DLLL,L						
NAME	RUSSO, ANTHONY J JR.			2.2 NA					
STREET ADDRESS				1		ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 333	119	, , , , , , , , , , , , , , , , , , ,	2.4 C		-ZIP	·		- Addition
TITLE	Mar. CER		☐ DELETE	3.1 TIT				☐ Change	☐ Addition
NAME	THE WEST WAR HAVE			3.2 NA	WE				1
STREET ADDRESS	100			3.3 ST	REET	ADDRESS	1.2.5 是實際的實際的	(2) 图 第 第 3 3 3 3 4 3 3 3 3 3 3 3 3 3 3 3 3 3	45144
CITY-ST-ZIP,	e equestionericality us			3.4. CI	TY-ST	-ZIP		图138年6月25日	1882 1881 1989
TITLE	u Beren de mariani de la		☐ DELETE	4.1 Π	ΠE		2. 可以有力4. 特別網報	Charige	Addition
NAME	ANG FREE N			4. 2 N	AME				j.
STREET ADDRESS					DEET	ADDRESS			
CITY-ST-ZIP	1	``		4.3 ST	KEE!	- DOILEGE	,		
	HE 74, 7534 2 1 1 1			4.3 ST				<u>.                                    </u>	
TITLE	3 74, 25.04.5		☐ DELETE		TY-ST-			☐ Change	Addition
NAME	5 74, 2534.5		☐ DELETE	4.4 CT	TY-ST-			☐ Change	Addition
NAME		**************************************	☐ DELETE	4.4 CF 5.1 TIT 5.2 NA	TY-ST- ILE VME			☐ Change	Addition
NAME STREET ADDRESS			☐ DELETE	5.1 TIT 5.2 NA 5.3 ST	TY-ST- TLE WME TREET	-ZIP ADDRESS		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	5.1 TIT 5.2 NA 5.3 ST	TY-ST- TLE VME TREET /	-ZIP ADDRESS		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	(M)	를 함. 보20% in		4.4 CF 5.1 TH 5.2 NA 5.3 ST 5.4 CF	TY-ST- TLE WME TREET / TY-ST- TLE	-ZIP ADDRESS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME	PO BROGREDA, FOR A V PERS RATIONS AND STAN AND AND AND AND STAN			5.1 TII 5.2 NA 5.3 ST 5.4 CF 6.1 TII 6.2 NA	TY-ST- TLE TREET TY-ST- TLE TME	ADDRESS - ZIP			
NAME STREET ADDRESS CITY-ST-ZIP TITLE	PO BROGREDA, FOR A V PERS RATIONS AND STAN AND AND AND AND STAN			4.4 Cr 5.1 Tr 5.2 NA 5.3 ST 5.4 Cr 6.1 Tr 6.2 NA 6.3 ST	TY-ST- TLE TREET TY-ST- TLE TME	ADDRESS ADDRESS ADDRESS			

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 tusted employeed 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 any officers, with all other like empowered.

SIGNATURE

1/12/98 954 Date

CR2E034 /11/9