FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P9700010952

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90011 017 ***150.00

Principal Place of Business 600 W ROGERS CIR SUITE 13 BOCA RATON FL 33487 BOCA RATON F
Principal Place of Business Mailing Address Seato W ROGERS CIR SUITE 13 BOCA RATON FL 33487 BOCA RAT
Principal Place of Business Mailing Address Seato W ROGERS CIR SUITE 13 BOCA RATON FL 33487 BOCA RAT
SUITE 13 BOCA RATON FL 33487 2. Principal Place of Business 2. Mailing Address 4. FEI Number 65-0729148 B. This composition of Status Desired Rot Required Rot Additional Fee Required Rot Required R
BOCA RATON FL 33487 2a. Mailing Address 2b. Mailing Address City & Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country
3. Date Incorporated or Qualifed 01/31/1997 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualifed 01/31/1997 4. FEI Number 65-0729148 5. Certificate of Status Desired Suite, Apt. #, etc. 5. Certificate of Status Desired 5. Certificate of Status Desired 65-0729148 5. Trust Fund Contribution Fee Required 65-0729148 5. Certificate of Status Desired 65-0729144 5. Characles of Status Desired 65-0729144 65-0729144 6
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. 4. FEI Number
2. Principal Place of Business 2a. Mailing Address 25 25 26 27 27 27 27 27 27 27
Suite, Apt. #, etc. Suite, Apt. #, etc. 27
27 S. Certificate of Status Desired Fee Required
City & State Country Zip Country State Country St
Zip Country Zip Country Sip Country Signature, typed or printed name of registered agent and title if applicable. NoTE Register Address Signature, typed or printed name of registered agent and title if applicable. NoTE Register Address Signature, typed or printed name of registered agent and title if applicable. SCHIFFMAN, ALVIN Signature, typed or printed name of registered agent and title if applicable. NoTE Registered Agent signature required when reinstating Date Schiffman, Alvin Schiffman, Alvin Signature, typed or printed name of registered agent, and so the provisions of Section Son Address of Note Registered Agent and title if applicable. NoTE Registered Agent aignature required when reinstating Date Schiffman, Alvin Signature, typed or printed name of registered agent and title if applicable. NoTE Registered Agent aignature required when reinstating Date Schiffman, Alvin
Zip Country Zip Country Zip Country S. This corporation owes the current year Intangible Personal Property Tax. Yes No No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SCHIFFMAN, ALVIN 6600 W ROGERS CIR SUITE 13 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code
9, Name and Address of Current Registered Agent SCHIFFMAN, ALVIN 6600 W ROGERS CIR SUITE 13 BOCA RATON FL 33487 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 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 the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P SCHIFFMAN, ALVIN STREET ADDRESS 6600 W ROGERS CIRCLE, #13 1.3 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33487 14 CITY-ST-ZIP TITLE DELETE 21 TITLE Change Addition Addition
SCHIFFMAN, ALVIN 6800 W ROGERS CIR SUITE 13 BOCA RATON FL 33487 10. Name and Address of New Registered Agent 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P DELETE 1.1 TITLE SCHIFFMAN, ALVIN 1.2 NAME STREET ADDRESS 6600 W ROGERS CIRCLE, #13 1.3 STREET ADDRESS CITY- ST-ZIP TITLE DELETE 2.1 TITLE OFLATINE Addition Addition Addition Addition Addition Addition Addition Addition
SCHIFFMAN, ALVIN 6600 W ROGERS CIR SUITE 13 BOCA RATON FL 33487 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. NAME SCHIFFMAN, ALVIN STREET ADDRESS CITY- ST-ZIP TITLE DELETE 1.1 TITLE Change Addition A
82 Street Address (P.O. Box Number is Not Acceptable) 83 BOCA RATON FL 33487 84 City FL 85 Zip Code 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P SCHIFFMAN, ALVIN STREET ADDRESS 6600 W ROGERS CIRCLE, #13 1.3 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33487 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition
BOCA RATON FL 33487 83 City FL 85 Zip Code 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 the 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. NAME SCHIFFMAN, ALVIN STREET ADDRESS CITY- ST- ZIP BOCA RATON FL 33487 DELETE 21 TITLE DELETE 21 TITLE Change Addition Change Addition
BOCA RATON FL 33487 84 City FL 85 Zip Code 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 the 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12 TITLE P DELETE 1.1 TITLE P Change Addition SCHIFFMAN, ALVIN STREET ADDRESS 6600 W ROGERS CIRCLE, #13 1.3 STREET ADDRESS CITY-ST-ZIP DELETE 2.1 TITLE Change Addition Change Addition Addition
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 the 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P Change Addition 1.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition Change Addition Change Addition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P SCHIFFMAN, ALVIN 12.NAME STREET ADDRESS 6600 W ROGERS CIRCLE, #13 1.3 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33487 1.4 CITY-ST-ZIP TITLE NAME 22. NAME 22. NAME
TITLE P DELETE 1.1 TITLE Change Addition NAME SCHIFFMAN, ALVIN 12 NAME 12 NAME 13 STREET ADDRESS 6600 W ROGERS CIRCLE, #13 1.3 STREET ADDRESS 14 CITY-ST-ZIP TITLE TITLE Change Addition NAME DELETE 21 TITLE Change Addition
NAME SCHIFFMAN, ALVIN 12 NAME STREET ADDRESS 6600 W ROGERS CIRCLE, #13 1.3 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33487 1.4 CITY-ST-ZIP TITLE
STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33487 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TITLE NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME
CITY-ST-ZIP BOCA RATON FL 33487 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE NAME 22 NAME
TITLE DELETE 2.1 TITLE Change Addition NAME 22 NAME
NAME 22 NAME
,
CITY-ST-ZIP 2.4 CITY-ST-ZIP
TITLE DELETE 3.1 TITLE
NAME 32 NAME
STREET ADDRESS 3.3 STREET ADDRESS
CITY-ST-ZIP 3.4. CITY-ST-ZIP
TITLE DELETE 4.1 TITLE Change Addition
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP 4.4 CITY-ST-ZIP TITIE DELETE 5.1 TITLE ☐ Change ☐ Addition
SAMME .
NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS
CITY-ST-ZIP 5.4 CITY-ST-ZIP
Change Addition
TITLE - Change Addition
TITLE DELETE 6.1 TITLE Change Addition NAME 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 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 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 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 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 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 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 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 supplied with the information indicated on this annual report or supplied with the information indicated on the information indicated on this annual report or supplied with the information indicated on the

SIGNATURE:

2000