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

**PROFIT CORPORATION** ANNUAL REPORT 1999



Secretary of State DIVISION OF CORPORATIONS

## Apr 29, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris

04-29-1999 90118 024 \*\*\*150.00

t, Corporatio	MENT # PO	970000	013136							
Principal Plac	e of Business		Mailing Address		,	I	18916891 510 10111 10011 00511 <b>0</b> 0	IIIA <b>ca</b> iai <b>ca</b> ia		111 <b>0 0</b> 111 1 <b>00</b> 1
6155 N.W. 32N			6155 N.W. 32ND AVENUE							
BOCA RATON			BOCA RATON FL 33496							
						a Data 1	DO NOT WR	TE IN THI	S SPACE	
						1	r corporated or Qualifed 0/1997			-
2 Princina P	Place of Business		2a. Mailing Address			4. FEI N			App	lied For
21	AGG OF EGGNIOUS		26			65-0	748423		<u> </u>	Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				ate of Status Desired		\$8.75 A	
22			27			o. Certifo			Fee Rec	——
City & S:at	te		City & State				า Campaign Financing		\$5.00 h	
23			28				Fund Contribution		Added to	Fees
Zip	Coun	try	Zip	Cour	ntry		crporation owes the cur	ent year Ir		JNo
24	[25]		29	30			nal Property Tax. and Address of New I	Pagistoro		7140
	9. Name and Add	ress of Current	Registered Agent		81 Name	10. Name	and Audress of New	/aAistei6	- Agent	
MOSKOWITZ, MICHAEL W ESQUIRE 800 CORPORATE DRIVE, SUITE 510 FORT LAUDERDALE FL 33334						Address (P.O. Bo	x Number is Not Accept	able)		
. 41					84 City				85 Zip C	ode
office or r	registered agent, or bot am familiar with, and ac	th, in the State of cept the obligation	and 607.1508, Florida Statu i Florida. Such change was ons of, Section 607.0505, Field title if applicable. (NOT	autnorized orida Statu	tes.	oration's board of	Cirectors, Thereby acce	pt the app	ointment as reg	stered
12.	- Same of Abon or burga no			13.			CINS/CHANGES TO OF	FIGERS	ND DIRECTOR	S IN 12
		OFFICERS AND	DIRECTORS				. ,	FILERS /	ND DINEGIO	
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6.4 CITY-ST-ZIP 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 supplemental εnnual 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 εxecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1.2 or Block 13 if changed, or on an attachment with an address, with a lighter than 10 there like empowered.

FFICEF OR DIRECTOR HENLERA 4/26/99 561-378'-0078 SIGNATURE: