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 # P9700022069

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90109 033 ***150.00

1. Corporation B.C.T.C.,	Name	022000								
5.077.04										
Principal Place of Business Mailing Address							C SERVINDE TIM COLL TORRIT COLL COLL COLL COLL COLL COLL COLL COL	 	016 11811 BB110	JI110 (911 100)
2175 N.E. 56 STREET 2175 N.E. 56 STREET										
FORT LAUDERDALE FL 33307 FORT LAUDERDALE FL 3330)7			DO NOT WRITE IN	TUIC	SDACE	
						<u> </u>	3. Date Incorporated or Qualifed	11113	3FAUL	
						'	03/11/1997			
Principal Place of Business 2a. Mailing Address							4. FEI Number		Ap	plied For
							65-0734941		_ 	t Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.									\$8.75 A	
22 27						(5. Certificate of Status Desired		Fee Re	quired
City & State City & State							6. Election Campaign Financing		\$5.00	May Be
23	28					Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cour	ntry			8. This corporation owes the current y	ear Inta	ngible	
24	25 29 30						Personal Property Tax. Yes No			□No
	Name and Address of Currer	nt Registered Agent				10	Name and Address of New Regis	tered A	gent	
2011	A		ļ	81	Name					
SCHOTTENFELD, DAVID J				82 Street Add			(P.O. Box Number is Not Acceptable)	-		
7520 NW 5TH STREET										
#203				83						
PLANTATION FL 33317			ì	84	City				85 Zip (Code
•					1			FL		
11. Pursuant office or re agent. I ar	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	02 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, Fl	ites, the at authorized orida Statu	by by	e-named c the corpor	corporati ration's	ion submits this statement for the purp board of directors. I hereby accept the	ose of c appoin	hanging its tment as re	registered gistered
SIGNATURE										
	Signature, typed or printed name of registered age		E: Registered	Agen	nt signature red	equired wher		ATE AND	NOCOTO	DC (N 42
12.	OFFICERS AND DIRECTORS DELETE		_	13.			ADDITIONS/CHANGES TO OFFICE	RS ANI	☐ Change	Addition
TITLE	_			1.1 TITLE						
NAME	BECKER, BLAIR			1.2 NAME						
STREET ADDRESS				1 3 STREET ADDRESS						
CITY-ST-ZIP				1.4 C/TY-ST-ZIP		D			Change	Addition
TITLE	- '			22 NAME		TON	14 SOWARD		_ ,	_
NAME				2.3 STREET ADDRESS P			BOX 130 326			
STREET ADDRESS	5			2.4 CITY-ST-ZIP			URISE, FL 33313			İ
CITY-ST-ZIP TITLE	☐ DELETE			3.1 TITLE			<u> </u>		Change	☐ Addition
NAME :			3.2 NA							
j					T ADDRESS					1
STREET ADDRESS			3.4. Ci				•			1
CITY-ST-ZIP TITLE				4.1 TITLE					☐ Change	☐ Addition
NAME				4. 2 NAME						1
STREET ADDRESS			4.3 ST	REET	TADDRESS					
CITY-ST-ZIP										
TITLE			_	4 CITY-ST-ZIP 1 TITLE					Change	☐ Addition
NAME			5 2 NA	ME					,	ĺ
STREET ADDRESS			5.3 ST	REET	T ADDRESS					}
CITY-ST-ZIP			5.4 CIT	TY-S1	T-ZIP					
TITLE		☐ DELETE	6.1 TT	RΕ					Change	Addition
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 ST	REET	TADORESS					

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 the attachment with an address, with all other like empowered.