Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90200 035 ***150.00

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

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	MEN # P9700	0022439						
BULFIN,								
Principal Flac	e of Business	Mailing Address				i de ini dhile		
•		2555 N.E. 202 ST			ļ			
2555 N.E. 202 ST 2555 N.E. 202 ST MIAMI FL 33180 US US								
					DO NOT WRITE IN THIS SPACE			
				.	3. Date Incorporated or Qualifed			
2. Principal Place of Business 2a. Mailing Add					4. FEI Number		Ap	olied For
21		26			65-0750069 Not		Applicable	
Suite, /.pt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 /	dditional
22		27			5. Certificate of Status Desired		Fee Re	quired
City & State		City & State	City & State		6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added t	Fees
Žíp	Country	Zip	Count	try	8. This corporation owes the curre	nt year In		
24	25	29	30		Perso ial Property Tax.			□No
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New R	egistered	Agent	
MOC	DDE JAMES W		18	Name				
MOORE, JAMES W				Street Aid	ress (P.O. Bo Number is Not Acceptal	ble)		
700 NE 90 ST, SUITE B			L					
MIAIM	MI FL 33138		1	33				
			<u> </u>	14 City			85 Zip C	`ode
			ŀ		poration submits this statement for the p	FL	_ `	
SIGNATUFIE	am familiar with, and a coept the obli			gent signature require	ed when reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS A	ND DIRECTO	RS IN 12
TITLE	DST	☐ DELETE	1.1 TITL	Ē			Change	☐ Addition
NAME	KANGAS, PAUL		1.2 NAM	E				
STREET ADDRESS	2555 NE 202 ST		1.3 STR	EET ADDRESS				
CITY-ST-ZIP	N. MIAMI BEACH FL 33180		1.4 CITY	-ST-ZIP				- -
TITLE	PD	☐ DELETE		E			Change	Addition
NAME	KANGAS, PENI		2.2 NAM	e				
STREET ADDRESS	2555 N.E. 202 ST		2.3 STR	EET ADDRESS				
CITY-ST-ZIP	N. MIAMI BEACH FL 33180		2, 4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE 3		Ē			☐ Change	☐ Addition
NAME			3.2 NAM	E				
STREET ADORESS	1		3.3 STR	EET ADDRESS				
CITY-ST-ZIP			3.4. CITY	/-ST-ZIP				
TITLE		☐ DELETE 4.		E			☐ Change	☐ Addition
NAME			4. 2 NAM	AE				
STREET ADDRESS			4.3 STR	EET ADDRESS				
CITY-ST-ZIP			4.4 CITY	- ST- ZIP				
TITLE		☐ DELETE	5.1 TITL	E			☐ Change	☐ Addition
NAME			5.2 NAM	E				
STREET ADDRE 3S			5.3 \$TR	EET ADDRESS				
CITY-ST-ZIP			5.4 CITY	-ST-ZIP				
TITLE		☐ DELETE	6.1 TITL	E			☐ Change	Addition
NAME			6.2 NAM	E				l

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 an attachment with an address, with a lightness property of the corporation of th

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICEF OR DIRECTOR