Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90062 007 ***150.00

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 # P9700030122

1. Corporation Name

FOUR S	STAN HEALTY INVESTMENTS	o, INC:							
Principal Plac	ce of Business	Mailing Address			·— !	MANINAN USA LASIS (BANY MANUS	ABIRI UBIRI BURU	i iliki ue kei ikuke	INCOMENTAL PROPERTY
3500 PARK CENTRAL BLVD 3500 PARK CENTRAL BLVD									
N POMPANO BEACH FL 33064 N POMPANO BEACH			33064			DO NOT WE	DITE IN THIS	SDACE	
					3 Date I	acorporated or Qualife		- St AOL	
						3/1997			ļ
2. Principal F	Place of Business	2a. Mailing Address			4. FEI No			Apı	lied For
21		26			65-07	7684 10		No	Applicable
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.			· — — ·	ate of Status Desired		\$8.75 A Fee Re	-
City & Star	te	City & State			6 Electic	n Campaign Financing		\$5.00	May Be
23		28			1	und Contribution	, 0	Added to	-
Zip	Country	Zip	Country	,	8. This o	rporation owes the cu	rrent year In	tangible	
24	25	29	30		Persor	Personal Property Tax.			□No
	9. Name and Adcress of Current	Registered Agent		,	10. Name	and Address of New	Registere d	Agent	
			81	Name					
KAYE & ROGER, P.A. ATTN: ROBERT KAYE			82	Street A	ddress (P.O. Bo)	Number is Not Accep	table)		
6261 NW 6TH WAY, SUITE 103			83	1					
	LAUDERDALE FL 33309								
			84	City			FL	85 Zip C	Code
office or i	to the provisions of Sections 607.0502 registered agent, or both, in the State of arm familiar with, and accept the obligat	Florida. Such change was at ons of, Section 607.0505, Flor	ithorized by ida Statutes	the corpor	ration's board of o	firectors. I hereby acc	ept the appoi	ntment as reg	gistered
12.	OFFICERS ANI		13.			NS/CHANGES TO O	FFICERS .\I	ND DIRECTO	FIS IN 12
TITLE	D	☐ DELETE	1.1 TITLE					☐ Change	☐ Addition
NAME	PORES, TODD		1.2 NAME						
STREET ADDRESS	3500 PARK CENTRAL BLVD		1.3 STREE	TADDRESS					
CITY-ST-ZIP	N POMPANO BEACH FL 33064		14 CITY-ST-ZIP						
TITLE	D			2.1 TITLE				Change	Addition
NAME	NATALE, JOHN N JR		2.2 NAME						
STREET ADDRESS	****		2.3 STREE	TADDRESS					
CITY-ST-ZIP	N POMPANO BEACH FL 33064 2.44		2.4 CITY-5	ST-ZIP					
TITLE	D	☐ DELETE	3.1 TITLE					Change	Addition
NAME	ALLEN, DANIEL		3 2 NAME	į					
STREET ADDRESS			3.3 STREE	TADDRESS					
CITY-ST-ZIP	N POMPANO BEACH FL 33064			ST-ZIP					
TITLE	0	☐ DELETE	4.1 TITLE					Change	☐ Addition
NAME	LARATRO, TOM		4. 2 NAME						
STREET ADDRESS			4.3 STREE	TADDRESS					
C/TY-ST-ZIP	N POMPANO BEACH FL 33064			T-ZIP					
TITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME			5.2 NAME	T 4000500					
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP		☐ DELETE	5.4 CITY-S 6.1 TITLE	1-ZIP				☐ Change	Addition
TITLE		☐ DETEIF	6.2 NAME					□ cuange	
MANE	T. Control of the Con		O.Z IV/VVIE	1					

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 recuired 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 all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRE 3S

CITY-ST-ZIP

latale Jr. 4-23.99