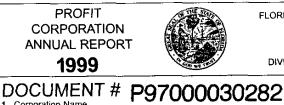
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## **FILED** Mar 05, 1999 8:00 am Secretary of State 03-05-1999 90036 002 \*\*\*150.00

H- 1- AAIL	LIAMS AND ASSOCIATES,	INO.						
Principal Plac	e of Business	Mailing Address				I (BBICOR IIA IBIC IDEL BELL BALL BALL BALL		16 18198 6184 6881
4410 NW 67TH		4410 NW 67TH TERRACE						
LAUDERHILL FL 33319 LAUDERHILL FL 33319						50 NOT MIDITE IN THE	004.05	
						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		}
						03/26/1997 4. FEI Number		pplied For
<ol> <li>Principal P</li> </ol>	lace of Business	2a. Mailing Address				[ 77		ot Applicable
.1		Suite, Apt. #, etc.				22-2394822		Additional
Suite, Apt.	#, etc.	<u>├</u> ¬ ' ' '				5. Certifcate of Status Desired		equired
City & Stat	·	City & State				6. Election Campaign Financing		May Be
<del>-</del>	.e	28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the current year Int.		
¬ '	25	29	30	•		Personal Property Tax.	Yes	IΣΝο
24	9. Name and Address of Curren		1001	$\top$		10. Name and Address of New Registered	Agent	
<del></del>	0. (10.0)	<u></u>		81	Name			
BEN	ISON, HAYWARD J JR			00	01	torse (D.O. Bay Number is Not Assentable)		
4410	NW 67TH TERRACE			82	Street Add	fress (P.O. Box Number is Not Acceptable)		
LAU	DERHILL FL 33319			83				
	•						10-1 7:-	
				84	City	FL	85 Zip	Code
office or i	registered agent, or both, in the State am familiar with, and accept the obligat	of Florida, Such change was tions of, Section 607.0505, Fl	authorize Iorida Sta	d by t tutes.	the corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appointed when reinstating)	ntment as r	egistered
10	Signature, typed or printed name of registered agen		±: Registere	_	signature requii	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12
12.	D OFFICERS AN	D DIRECTORS	1,1 7			ADDITIONS CHANGES TO OTHICE NO THE	Change	
TITLE	WILLIAMS, ROBERT I	C Deterie		IAME				_
NAME					ADDRESS			ľ
STREET ADDRESS	GLENSIDE PA 19038			TY-ST				Į
CITY-ST-ZIP TITLE					-211		Change	☐ Addition
	D Williams, Belinda			IAME	-			
NAME	AND STREET AND TORREST				ADDRESS			
STREET ADDRESS	GLENSIDE PA 19038			CITY-S			•	{
CITY-ST-ZIP TITLE	D GLENSIDE PA 19030	☐ DELETE		ITLE	1-217		Change	Addition
	BENSON, HAYWARD J JR		<b>I</b> -	IAME	1			
NAME STREET ADDRESS	**** **** ***** *****		1		ADDRESS			ļ
	LAUDERHILL FL 33319			CITY-S	- 1			ł
CITY-ST-ZIP TITLE	BAODETH ILL TE SOOTS	☐ DELETE		TILE	-		Change	☐ Addition
NAME			4.2	NAME				
STREET ADDRESS					ADDRESS			
	'[			CITY-ST	}			
CITY-ST-ZIP TITLE	<del></del>	☐ DELETE		TILE	<del>-</del> "		Change	☐ Addition
NAME		_		IAME				ļ
STREET ADDRESS			5.3 5	STREET	ADDRESS			
CITY-ST-ZIP			5.4 (	CITY-S1	r-ZIP			
TITLE		☐ DELETE		TILE			Change	Addition
NAME			221		ı			
			0.21	IAME				I
STREET ADDRESS					ADDRESS			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) in 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 feetured 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.

SIGNATURE: MAYWARD J. BENSON!