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

Principal Place	of Business	Mailing Addres	Mailing Address			
1007 SW 15TH S BOYNTON BEAC		1007 SW 15TH STREET BOYNTON BEACH FL 33426				
						3.
2. Principal Pla	ce of Business	2a, Mailing Ad	dress		·	4.
21		26				
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				
City & State			City & State			
23		28				1
Zip	Country	Zip	Co	untry	<u>-</u>	8.
24	25	29	30		_	
9. Name and Address of Current Registered Agent						10.
	81	Name	10			
	Mann, Daniel S Sw 15th Street			82	Street Add	lress (P
	ITON BEACH FL 33426					
וויטם	HUN DEAUN FL 33420			83		

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90135 049 ***150.00



Principal Place	e of Business	Mailing Address			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1007 SW 15TH STREET		1007 SW 15TH STREET			
BOYNTON BEACH FL 33426		BOYNTON BEACH FL 33	3426		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					04/11/1997
2 Principal P	lace of Business	2a, Mailing Address			4. FEI Number Applied For
2. Principal Place of Business		26			65-0750264 Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			S8 75 Additional
Suite, Apr.	m, etc.	27		5	5. Certificate of Status Desired Fee Required
City & State	Α	City & State			6. Election Campaign Financing \$5.00 May Be
23	_	28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Col	untry	8. This corporation owes the current year Intangible
24	25	29	30		Personal Property Tax. ☐ Yes ☑ No
	9. Name and Address of Curre				10. Name and Address of New Registered Agent
				81 Name	
	rmann, daniel s			82 Street	Address (P.O. Box Number is Not Acceptable)
	' SW 15TH STREET			oz Street	Address (P.O. Box Number is Not Acceptable)
BOY	NTON BEACH FL 33426			83	
					· · · · · · · · · · · · · · · · · · ·
	* .			84 City	85 Zip Code
11 Pursuant	to the provisions of Sections 607 05	02 and 607 1508. Florida Sta	tutes, the a	bove-named	Corporation submits this statement for the number of changing its registered
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorize	d by the corpo	oration's board of directors. I hereby accept the appointment as registered
agent. I a	m tampliar with, and accept the policy	ations of Section 607.0505, F	-Iorida Stat V	tutes.	ANKA SOLO
SIGNATURE	Spriature byped or printed name of registered ego	post-ord title if applicated (NI	YE: Registere	Agent signature r	required when reinstaling) DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 T	ITLE	☐ Change ☐ Addition
NAME	HERRMANN, DANIEL S		1.2 N	AME	
STREET ADDRESS	AGOS ON ACTU OTDECT		1.3 S	TREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426		140	ITY-ST-ZIP	·
TITLE	<u> </u>	☐ DELETE	2.1 T		Change Addition
NAME			2.2 N		
STREET ADDRESS				TREET ADDRESS	
				CITY-ST-ZIP	
CITY-ST-ZIP TITLE		☐ DELETÉ	3.1 T		Change Addition
		—	3.2 N		
NAME				TREET ADDRESS	
STREET ADDRESS					
CITY-ST-ZIP		☐ DELETE	3.4. C	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		C) OCCUIC			
NAME				NAME	
STREET ADDRESS			1	TREET ADDRESS	
CITY-ST-ZIP				ITY-ST-ZIP	Chance C Addition
TITLE		☐ DELETE	5.1 T		Change Addition
NAME				IAME	The state of the s
STREET ADDRESS				TREET ADDRESS	
CITY-ST-ZIP				ITY-ST-ZIP	#
TITLE		☐ DELETE	6.1 T		Change Addition
NAME	١,		6.2 N	IAME	T.

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 attact then with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS