PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90127 047 \*\*\*150.00

Principal Place 10325 NW 63RU PARKLAND FL  2. Principal Pl 21 Suite, Apt.	BLISHING, INC.  e of Business  DRIVE 33076  lace of Business  #, etc.	Mailing Address 10325 NW 63RD DRIVE PARKLAND FL 33076  C'UCUCUCUCUCUCUCUCUCUCUCUCUCUCUCUCUCUC	nc Madorre er MillAd	5. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional Fee Required
City & State		28 Creat V	rok-ny	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	zip 1/021	Country 30 CSA	This corporation owes the current year li     Personal Property Tax.	ntangible □ Yes □ No
24	9. Name and Address of Current	<u> -v                                    </u>	30 -13/1	10. Name and Address of New Registerer	
MOENCH, HANS 10325 NW 63RD DRIVE PARKLAND FL 33076  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was author			84 City s, the above-named corthorized by the corporat	ress (P.O. Box Number is Not Acceptable)  Figure 1	of changing its registered
agent. I a	m familiar with, and accept the obligation familiar with, and accept the obligation familiar with a second		da Statutes. Registered Agent signature requir	red when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	MOENCH, HANS 10325 NW 63RD DRIVE PARKLAND FL 33076		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	MADONNA, STEVEN		2.2 NAME		•
STREET ADDRESS	80 CUTTER MILL ROAD		2.3 STREET ADDRESS	*	
CITY-ST-ZIP	GREAT NECK NY 11021		2. 4 CITY-ST-ZIP		
TITLE  NAME  STREET ADDRESS	D Wipfli, Kurt 8452 Fredericksburg RD., #	□ DELETE 123	3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS	W <del>© vo</del> .	☐ Change ☐ Addition
CITY-ST-ZIP	SAN ANTONIO TX 78229		3.4. CiTY-ST-ZiP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		}
STREET ADDRESS			4.3 STREET ADDRESS	•	
CITY-ST-ZIP		∏ BCICTE	4.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		
NAME			5.3 STREET ADDRESS		• •
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME		<u></u>	6.2 NAME		_ ,
STREET ADDRESS			6.3 STREET ADDRESS		

6.4 CITY-ST-ZIP

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 suppliernental 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 of 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 changes, or an antarchment with an address, with all other like empowered.

SIGNATURE: A SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Date Daytime Phone #

R2E034 (11/98)