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 # P9700036865

1. Corporation Name

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90062 009 ***150.00

Jasn	EALIT OF BHOWARD COL	JNTT, INC.					
D ID.		AA-Waa Aadaaa			<u>[] </u>		
Principal Place of Business Mailing Address							
9070 KIMBERLY BLVD STE. 27-305 9070 KIMBERLY BLVD STE. 27-3 BOCA RATON FL 33434 BOCA RATON FL 33434			27-305				
DOCK RATOR PE 33434					DO NOT WRITE IN THIS SPACE		
			,		3. Date Incorporated or Qualifed		
		•			4 04/24/1997		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Ar	plied For
21		26			65-0748058	- Nc	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	
22		27			5. Contraction of Change Descript	Fee Re	quired
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	•
23		28			Trust Fund Contribution	Added 1	to Fees
Zip	Country	Zip	Country	1	8. This corporation owes the current year		п.,
24	25		30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Register	rea Agent	•
WEINTRAUB, PETER B				Ivallie			
1701 W. HILLSBORO BLVD., STE. 301				Street Addre	ess (P.O. Box Number is Not Acceptable)		
DEERFIELD BEACH FL 33442			83				
	THE DESCRIPTION OF THE		03				
			84	City		85 Zip (Code
44 5	A - 45	00 C07 4500 Flacida Statuta	- 455		_ ·		registered
office or r	egistered agent, or both, in the State	e of Florida. Such change was au	thorized by	the corporatio	oration submits this statement for the purposen's board of directors. I hereby accept the ap		
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flori	ida Statutes	i.	,		
SIGNATURE	Signature, typed or printed name of registered ag	and and title if annionally (NOTE)	Secietared Acad	nt signature required	1 when reinstating) DATE		
12.		ND DIRECTORS	13.	it signature required	ADDITIONS/CHANGES TO OFFICERS		DRS IN 12
TITLE	D	☐ ĐELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	LEWKOWITZ, MIRIAM		1.2 NAME				
STREET ADDRESS	19914 LATONA PL.		1.3 STREE	TADORESS			
CITY-ST-ZIP	BOCA RATON FL 33434		1.4 CITY-S	T-ZIP			
TITLE	D	DELETE	2.1 TITLE		1	☐ Change	☐ Addition
NAME	GLASS, LEORA		2.2 NAME				
STREET ADDRESS	ARRAM STATE OF		2.3 STREE	TADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33434		2. 4 CITY-5	ST-ZIP			
TITLE			3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME		•		
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADORESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			

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 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 appears with an address, with all other like empowered.

6.4 CITY-ST-ZIP