Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

## 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 # P97000046412

Country

1. Corporation Name

Suite, Apt. #, etc.

City & State

22

23

24

Zip

Principal Place of Business	Mailing Address
0099 SEMINOLE BLVD	10099 SEMINOLE BLVD
EMINOLE FL 33772-2539	SEMINOLE FL 33772-2539

Suite, Apt. #, etc.

City & State

Seminok, Fl

Country

81

33775-0002

30 25 9. Name and Address of Current Registered Agent

BENSTOCK, MICHAEL 10099 SEMINOLE BLVD **SEMINOLE EL 33772-2530** 

## **FILED** Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90080 009 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

05/27/1997 4. FEI Number

11-1385670

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

OLIVII	110LE 1 E 00112 2000	03	1	•			, ' [		
		84	,	FL		Zip Code			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRE	CTORS II	N 12		
TITLE	V □ DELETE	.1 TITLE		•	Char	nge 🗌	Addition		
VAME	BENSTOCK, PETER	2 NAME	•				ļ		
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rme	PD DELETE	2.1 TITLE			Chai	nge 🗀	] Addition		
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NAME	BENSTOCK, MICHAEL	4. 2 NAME							
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CITY-ST-ZIP		4.4 CITY-5	ST-ZIP						
IIILE	_	5.1 TITLE			☐ Cha	nge	] Addition		
NAME	DENSTOUR, GERALD W	5.2 NAME							
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CITY-ST-ZIP	OLAMITOEE 1 E 00772	5.4 CITY-S	T-ZIP		<b></b>				
TITLE		6,1 TITLE			Cha	nge 🕦	Addition		
NAME		6.2 NAME		Andrew D Demott Jr					
STREET ADDRESS			TADDRES						
CITY-ST-ZIP	attle that the information expelled with this filing does not qualify for the	6.4 CITY-S		Ceminole, FI 38772		44 :fa	action		
A A I bearabeer		OVAMO	nan etai	rea in Section 119 II/CON Florida Statutes I further certif	v inai '	me intom	IMUIOD		

I nereby 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 informati 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 attachment with an address, with all other like empowered.

SIGNATURE:

MÁTURE REQUIREADSIEW D Demott Jr