## 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 # P9700049238

1. Corporation Name

Principal Place of Business	Mailing Address	
501 N OLEANDER AVE DAYTONA BCH FL 32118	501 N OLEANDER AVE DAYTONA BCH FL 32118	

## **FILED** Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90091 019 \*\*\*150.00

Principal Place of Business  Mailing Address  501 N OLEANDER AVE DAYTONA BCH FL 32118  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 06/02/1997  2. Principal Place of Business 2a. Mailing Address 25 Applied For 26 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 City & State  City & State  South Address  City & State  City & State  South Address  City & State  South Address  South Address  South Apt. #, etc. South Applied For Applied For Applied For South App	WURNAT	SAIVIS, JR., P.A.									
SON NO SAMSPER AVE DATIONA BOH FL 20118  DO NOTWRITE IN THIS SPACE  3. Date Incorporated or Qualified  OR(02/1997  2. Principal Place of Business 2. Amating Address 2. Amating Address 2. Principal Place of Business 2. Amating Address 3. Date Incorporated or Qualified  OR(02/1997)  Applied For  Applied For  South, Apt #, etc. 2. South, Apt #, etc. 3. Carlicate of Statuts Desired   Set Tumber	Principal Place	e of Business	Ma	iling Address							
DATIONA BCH FL 32118  DATIONA BCH FL 32118  DO NOT WRITE IN THAS SPACE  3. Date incorporated or Qualified  OB(Q2) [1997]  2. Principal Place of Business  2. Applied For  3. Date incorporated or Qualified  OB(Q2) [1997]  Applied For  Applied For  Applied For  Suite, Apt #, etc.  Suite, Apt #, etc.  Suite, Apt #, etc.  Suite, Apt #, etc.  City & Suite  City & Country  City & Suite  City & Country  City &			501	N OLEANDER AVE							
3. Date Incorporated or Qualified O6(02/1997   3.   Applies For Section O6(02/1997   3.   Applies For Sectio									DO MOT MIDITE IN THE SPACE		
2. Principal Place of Business   2a. Mailing Address   3c.											
2. Principe Place of Business   2. Mailing Address   4. FEI Number   6. C021498   Applied Position   5. Confidence of Status Desired   58.75 Additional									-·		
Sulle, Apt. #, etc.    28											
Sulto, Apt. M, etc.    Sulto, Apt. M, etc.	2. Principal P	lace of Business		Mailing Address							
Standard State   State	21		26	0.7. 1.1.							
City & State    City & State		#, etc.	$\vdash$	Suite, Apt. #, etc.				i	E Codificate of Statue Decired		
Zip   Country   Zip   Country   Zip   Country   Set   Zip   Country   Set   Zip   Country   Set   Zip   Zip   Country   Set   Zip	22		27	City 8 Ctata							
Zip	<b>—</b> ′	e ~ ~		City of State		-		}			
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  STARK, ARTHUR B  82222 PONCE DE LEON BLVD PH II  CORAL GABLES FL 33134  84 City  FL 85 Zip Code  85 City  FL 85 Zip Code  86 City  FL 85 Zip Code  87 Address (P.O. Box Number is Not Acceptable)  88 City  FL 85 Zip Code  88	23	Country	28	7in	Cour	ntr./		<del></del> +			
9, Name and Address of Current Registered Agent  STARK, ARTHUR B 2222 PONCE DE LEON BLVD PH II CORAL GABLES FL 33134  10. Name and Address of New Registered Agent  82 Street Address (P.O. Box Number is Not Acceptable)  84 City  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0506. Florids Statules.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS IN 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  STREET ALORESS  CITY ST.2P  13. STREET ALORESS  CITY ST.2P  14. TITLE  15. STREET ALORESS  CITY ST.2P  15. STREET ALORESS  15. AND TITLE  15. STREET ALORESS  15. STREET ALOR				Ζίρ	$\overline{}$	131 3					
STARK, ARTHUR B 2222 PONCE DE LEON BLVD PH II CORAL GABLES FL 33134  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 agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  12.	24			torad Agent	30				Totalian topolity taxi		
STARK, ARTHUR B 2222 PONCE DE LEON BLVD PH II CORAL GABLES FL 33134   84 City  FL  85 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 agent. I am familiar with an discorpt the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. TITLE  PSTD  OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. CITY-ST-2P  15. OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. Change Addition  NAME  STREET ADDRESS  17. STREET ADDRESS  18. STREET ADDRESS  19. STREET ADDRESS  1		9. Name and Address of Curren	i regis	tered Agent		81	Name		To, traine and trained by the		
2222 PONCE DE LEON BLVD PH II  CORAL GABLES FL 33134  11. Pursuant to the provisions of Sections 807.0502 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 Florids. Such change was authorized by the corporation's board of directors. I hereby accept the approach as registered agent, and accept the obligations of, Section 607.608, Florida Statutes.  SIGNATURE  TILE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TILE  15. STILL INTE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TILE  15. STILL INTE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TILL INTE  15. CORAL GABLES FL 33134  14. City STILL INTE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TILL INTE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TILL INTE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TILL INTE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. Change   Addition    17. Addition    18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  20. NAME  20. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  21. TILL   DIRECTORS IN 12.  22. NAME  23. STREET ADDRESS  24. CITY-51-2P  11. TILL   DIRECTORS IN 12.  24. ADDRESS    25. TILL   DIRECTORS IN 12.  25. TILL   DIRECTORS IN 12.  26. ADDITIONS/CHANGES    26. TILL   DIRECTORS IN 12.  27. ADDITIONS/CHANGES    28. ADDITIONS/CHANGES    29. ADDITIONS/CHANGES    29. ADDITIONS/CHANGES    20. ADDITIONS/CHANGES    20. ADDITIONS/CHANGES    20. ADDITIONS/CHANGES    20. A	STAI	RK ARTHUR R									
CORAL GABLES FL 33134    84    City   FL   85    Zip Code						82	Street A	ddres	ess (P.O. Box Number is Not Acceptable)		
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 office or registered agent, I am familiar with, and accept the obligations of, Section 607.5505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE PSTD DELETE 1.1 TITLE  SAMS, MURRAY JR  TITLE SAMS, MURRAY JR  TITLE  OCRAL GABLES FL 33134  14 CITY-ST-2P  TITLE  OCRAL GABLES FL 33134  14 CITY-ST-2P  OELETE 2.1 TITLE  CITY-ST-2P  OELETE 3.1 TITLE  OCRAL GABLES FL 33134  OELETE 3.1 TITLE  OLETE 3.1 TITLE  OCRAL GABLES FL 33134  ACITY-ST-2P  OELETE 4.1 TITLE  OCRAL GABLES FL 33134  ACITY-ST-2P  OELETE 3.1 TITLE  OCRAL GABLES FL 33134  ACITY-ST-2P  OELETE 4.1 TITLE  OCRAL GABLES FL 33134  ACITY-ST-2P  OELETE 4.1 TITLE  OCRAL GABLES FL 33134  ACITY-ST-2P  OELETE 3.1 TITLE  OCRAL GABLES FL 33134  ACITY-ST-2P  OELETE 4.1 TITLE  OCRAL GABLES FL 33134  ACITY-ST-2P  OELETE 5.1 TITLE  OCRAL GABLES FL 33134  ACITY-ST-2P	_				-						
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 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, 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, 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, or both, in the State of Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I TITLE  12. OFFICERS AND DIRECTORS 12. I TITLE  12. OFFICERS AND DIRECTORS IN 12. I TITLE  12. NAME  SAMS, MURRAY JR  STREET ADDRESS  COTY. ST. 2/P  CORAL GABLES FL 33134 14 OTTY-5T-2/P  TITLE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I TITLE  14. OTTY-5T-2/P  12. OFFICERS AND DIRECTORS IN 12. I TITLE  13. TITLE  14. OTTY-5T-2/P  14. OTTY-5T-2/P  14. OTTY-5T-2/P  15. TITLE  16. OTTY-5T-2/P  17. ST. 2/P  17. ST. 2/P  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I TITLE  18. OTTY-5T-2/P  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I TITLE  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I TITLE  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I TITLE  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I TITLE  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I TITLE  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I TITLE  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I TITLE  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I TITLE  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I TITLE  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I TITLE  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I TITLE  19. ADDITIONS/CHANGES TO OFF	CON	AL CABLLOTE SO 104				63					
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 lis registered office or registered agent, or bid, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent in familiar with in dimiliar with individual with in dimiliar with individual within maintaining)  12. OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITY. ST. ZP  15. SAMS, MURRAY JR  2222 PONCE DE LEON BLVD PH II  15. STREET ADDRESS  22. PONCE DE LEON BLVD PH II  15. STREET ADDRESS  22. VALVE  22. NAME  22. VALVE  22. NAME  23. STREET ADDRESS  24. CITY. ST. ZP  17. ST. ZP  17					ľ	84	City		85 Zip Code		
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of director's. Thereby accept the application and secret the obligations of yearting or section 807/505, Florida's Statutes.    SIGNATURE											
SIGNATURE    Signature   Signa	11. Pursuant	to the provisions of Sections 607.050	2 and 60 of Florid	07.1508, Florida Statute la. Such change was at	es, the ab uthorized	bv	e-named of the corpo	corpora ration	ration submits this statement for the purpose of changing its registered is board of directors. I hereby accept the appointment as registered		
Signature, Speed or printed rampe of registered agent and title of perplacative (Apptit agentative required when intentiating)	agent. I a	im familiar with, and accept the obliga	tions of,	Section 607.0505, Flor	rida Statu	ites.	·		, , , , , , , , , , , , , , , , , , , ,		
Signature, Speed or printed rampe of registered agent and title of perplacative (Apptit agentative required when intentiating)	SIGNATURE										
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SAMS, MURRAY JR   12 NAME   13 STREET ADDRESS   COPA. STREET ADDRESS   COPA. ST. ZIP   COPA.		· · · · · · · · · · · · · · · · · · ·	ID DIRE		_						
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0.4000/.07.70					6.3 ST	REET	ADDRESS				
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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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN