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 # P97000049798

135 LAKE WORTH CORP.

Principal Place of Business									
288-Z SMI	TH SUND	Y RD.							

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90155 008 ***150.00

100 2 4 4								
Principal Place of Business Mailing Address								
288-Z SMITH SUNDY RD. DELRAY BEACH FL 33446 DELRAY BEACH FL 33446			288-Z SMITH SUNDY RD.					
		Y BEACH FL 33446				DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed	\neg
							06/05/1997	
2. Principal P	lace of Business	2a. M	ailing Address				4. FEI Number Applied For	\exists
21		26	J				65-0760361 Not Applicable	e
Suite, Apt.	#, etc.		uite, Apt. #, etc.				\$8.75 Additional	
22		27					5. Certificate of Status Desired Fee Required	
City & State	e	T o	ity & State				6. Election Campaign Financing \$5.00 May Be	
23		28					Trust Fund Contribution Added to Fees	_
Zip	Country	Z	p	Cou	ntry		8. This corporation owes the current year Intangible	
24	25	29		30			Personal Property Tax. Yes No	
	9. Name and Address of Curre	nt Register	ed Agent				10. Name and Address of New Registered Agent	\dashv
					81	Name	•	-
	IBACH, GEOFFREY S				82	Street Add	ddress (P.O. Box Number is Not Acceptable)	ヿ
	E. BROWARD BLVD., STE. 1950)						4
FI. (AUDERDALE FL 33394				83			
					84	City	85 Zip Code	٦
							FL S Z S S	\mathcal{A}
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida.	Such change was a	authorized	l by	tne corporat	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
SIGNATURE								
	Signature, typed or printed name of registered ag		<u> </u>	E: Registered	Agen	t signature requi	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\dashv
12.	OFFICERS A	ND DIRECT	DELETE	1.1 TI	n c		Change Addition	ion
TITLE	D OF STEVEN		C) OCCLIC	1.2 N				-
NAME	WOLF, STEVEN			•		ADDRESS		
STREET ADDRESS	288-Z SMITH SUNDY RD.			1				
CITY-ST-ZIP	DELRAY BEACH FL 33446		DELETE	1.4 CI 2.1 TI		1-219	☐ Change ☐ Additi	ion
TITLE	D DICHARD		_ Dece,e	2.2 N			_ , _	
NAME	SIEMENS, RICHARD	LIMIV				ADDRESS		
STREET ADDRESS		L MAAT.		2.4 C			and the comment of the first	
CITY-ST-ZIP TITLE	BOCA RATON FL 33431		[7] DELETE	3.1 TI		1-217	☐ Change ☐ Additi	ion
				3.2 N/				
NAME						ADDRESS		}
STREET ADDRESS				3.4. C				
CITY-ST-ZIP TITLE			☐ DELETE	4.1 TI		1-21	☐ Change ☐ Addit	ion
NAME			_	4. 2 N	AME	ì		- {
				1		ADDRESS		-
STREET ADDRESS				4.4 CI				
CITY-ST-ZIP TITLE			☐ DELETE	5.1 TI			. Change Addit	ion
NAME				5.2 N				- {
STREET ADDRESS				5.3 S	REET	ADDRESS		
CITY-ST-ZIP				5.4 CI	TY-S	T-ZIP		
TITLE			☐ OELETE	6.1 TI	TLE	<u> </u>	☐ Change ☐ Addit	ion
NAME				6.2 N	AME.			
STREET ADDRESS				6.3 ST	REET	ADDRESS		- {
CITY-ST-ZIP				6.4 C	TY-S	T-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 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR