FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Tarris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000054315

LINIQUE ASSETS, INC.

Principal Place of Business Mailing Address
1400 ALLENDALE RD.
WEST PAIM REACH FI 33405 WEST PAIM REACH FI 33405

FILED 90 JUL 13 MI 8: 38

TARY OF STATE

1400 ALLENDALE RD. 1400 ALLENDAL			ns		
WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405					DO NOT WRITE IN THIS SPACE
					3. Date incorporated or Qualified 06/19/1997
2. Principal Place of Business 2a. Mailing Address					4. FEI Number 65-093/338 Applied For
21	26]			APPLIEU PUTI Not Applicable	
Suite, Apl. 22	#, etc.	Suite, Apt. N. etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & Stat		City & State			8. Election Campaign Financing S. Trust Fund Contribution Added to Fees
Zip			Country		8. This corporation owes the current year Intangible
24 25 29 30			 		Personal Property Tax.
Name and Address of Current Registered Agent				Name	
MENTSER, ALAN D			81		
1400 ALLENDALE RD. West Palm Beach Fl 33405			82	Stree	1 Address (P.O. Box Number is Not Acceptable)
VIC.	I FAUN DENOM PL 30400	•	83		
			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 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, is mit familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, lipsed or printed name of registered agent and title if applicable (NOTE Registered Agent agreeture required when retriacting) DATE					
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	C) DELETE	1.1 TITLE		Change Addition
NAME	MENTSER, ALAN D		1.2 NAME		
STREET ADDRESS	1400 ALLENDALE RD., SUITE 1		1.3 STREET	ADDRESS	s l
CITY-\$T-ZIP	WEST PALM BEACH FL 33405		14 OTY-51	·ZP	
TITLE	0 .	☐ DELETE	21 TIFLE		☐ Change ☐ Addition
NAME	GAUGER, MICHAEL		22 NAME		
STREET ADDRESS	1400 ALLENDALE RD., SUITE 1		2 3 STREET	ADDRESS	3
CITY-ST-ZIP	WEST PALM BEACH FL 33405		2 4 CITY-S	T-20P	
TITLE		☐ DELETE	3 I TITLE		☐ Change ☐ Addition
NAME			32 NAME		'
STREET ADDRESS		1	3.3 STREET	ADDRESS	5
CITY-ST-ZP			3.4. CITY-S	T-24P	
TITLE		☐ DELETE	4.4 TITLE		, Change Addition
NAME		l l	4 2 NAME		
STREET ADDRESS			4.3 STREET	ADDRESS	
CITY-ST-ZIP			4.4 QTY-S1	-ZP	
TITLE		□ DELETE	&1 TITLE		Change Addition
NAME	ı		52 NAME		
STREET ADDRESS		•	5.3 STREET		Elulas annu (22 \$460, 0)
CITY-ST-ZIP		□ DELETE	54 CTTY-ST	- DP	5 14 99 90001 037 \$450.00
WALE .			62 NAME		Elchange Addroon
			6.3 STREET	MODE	.[.
STREET ADDRESS		,	BA CITY-ST		<u>'</u>
C/TY-\$1-2P	ertify that the information supplied will	his filing does not qualify for the			d in Section 119.07(3Vi). Floride Statutes I further certify that the information

. I hereby certify that the information supplied will his filling 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 famual 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 property or trustee ampowered to execute this report as required by Chapter 807. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an accurate with an address with all other like empowered.

SIGNATURE:

er.

(561) 6874200

7/23/9