## 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 # **P97000057797**1. Corporation Name

Principal Place of Business	
4387 N UNIVERSITY DR	

## **FILED** Jan 21, 1999 8:00am **Secretary of State**

01-21-1999 90004 025 \*\*\*158.75

Principal Place of Business  4387 N UNIVERSITY DR SUNRISE FL 33351  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 07/01/1997  2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0770842  Suite, Apt. #, etc. 25  City & State City & State City & State 28  Zip Country 29  Zip Country 21  Zip Country 25  9. Name and Address of Current Registered Agent  SCHNEIDER, RONALD S 4387 N UNIVERSITY DR SUNRISE FL 33351  Mailing Address 4. FEI Number 65-0770842  5. Certificate of Status Desired Fee	387 N UNIVE										
SURRISE FL 33351  2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date incorporated or Qualified 07/01/1997  2. Principal Place of Business 2. Mailing Address 4. FEI Number 65-0770842 5. Certificate of Status Desired 7. South, #, etc. 2. Suthe, Apt. #, etc. 2. Suthe, Apt. #, etc. 2. Suthe, Apt. #, etc. 2. City & State 6. Election Campaign Financing 7. Trust Fund Contribution 7. Address 7. Trust Fund Contribution 7. Address 7. Trust Fund Contribution 7. Address 7. Sund Personal Property Tax. 7. Sund Personal Property Tax. 7. Sund Personal Property Tax. 8. This corporation owes the current year intangible Personal Property Tax. 9. Name and Address of Current Registered Agent 8. Name 8. SCHNEIDER, RONALD S 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 8. Signature. Speed or printed rame of registered agent and title if applicable. 8. In the Company of Address of Office or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing it office or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing it office or registered agent, or both, in the State of Florida Statutes. 8. SIGNATURE 8. Signature, speed or printed rame of registered agent and title if applicable. (NOTE Registered Agent signature required when namelating). 9. DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS 14. CITY-ST-ZIP 15. PITTLE 15. Change 15. Certificate of Status Description and Change 15. ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS 15. Certificate of Status Description and Change 15. ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS 15. States Address of Certificate of Change 15. ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS 15. ADDITIONIS/CHANGES TO OFFICERS AND		ce of Business	Mailing Address	-			. 1 108 (108 L 110 1011) 100 (1 00) 11 00 (1 00)	(M) Mija 19	.071 10010 3	/#III I##I I##	
2. Principal Place of Business 2. Mailing Address 4. FEI Number 65-0770842	unrise fl 3			)R							
2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualifed 07/01/1997  2. Principal Place of Business 2. Mailing Address 4. FEI Number 65-0770842 5. Certificate of Status Desired 65-0770842 5. Certificate of Status Desired 65-0770842		SUNRISE FL 33351 SUNRISE FL 33351					DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business		•						.,,		-	
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired A \$8.75. Fee F City & State  Signature, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired A \$8.75. Fee F Fee F City & State  City & State  City & State  Signature, Apt. #, etc.  Signature, Apt. #, etc.  Suite, Apt. #, etc.  Signature, Apt. #, etc.  Suite, Apt. #, etc.  Signature, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Signature, Apt. #, etc.  Suite, Apt. #, etc.  Signature, Apt. #, etc.  Signature, Apt. #, etc.  Suite, Apt. #, etc.  Signature, Apt. #, etc.  Signature, Apt. #, etc.  Signature, Apt. #, etc.  Suite, Apt. #, etc.  Signature, Apt. #, etc.  Suite, Apt. #, etc.  Signature, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Signature, Apt. #, etc.  Signature, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Signature, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Signature, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Signature, Apt. #, etc.  Suite, Apt. #, etc.  Signature, Apt. #, etc.  Suite, Apt. #, etc.							07/01/1997				
Suite, Apt. #, etc.    Suite, Apt. #, etc.     Suite,	. Principal F	Place of Business	2a. Mailing Address				**		<del>                                     </del>	plied For.	
27   27   27   28   28   28   28   28							65-0770842		<del></del>	t Applicable	
City & State  Country  Country  Separation owes the current year Intangible Personal Property Tax.		t. #, etc.					5. Certificate of Status Desired	\$			
28   Zip   Country   Zip   Country   Zip   Country   Strip		ato.		T de required		·					
Zip Country Zip Country Zip Country B, This corporation owes the current year Intangible Personal Property Tax. Yes  9. Name and Address of Current Registered Agent  SCHNEIDER, RONALD S 4387 N UNIVERSITY DR SUNRISE FL 33351  31 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (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 it 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 a regent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as a regent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as a regent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as a regent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing it office or registered agent and till of applicable. (NOTE. Registered Agent signature required when reinatigning).  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT Change  14. City St. Zip  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECT Change  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECT Change  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECT Change  18. Name  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECT Change	¬ -	1.e					11		Added to	•	
25 29 30 Personal Property Tax. Yes  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  SCHNEIDER, RONALD S 4387 N UNIVERSITY DR SUNRISE FL 33351  25 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip  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 it 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 a regent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT  TITLE  NAME  SCHNEIDER, RONALD S  13 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  DELETE  1.1 TITLE  Change  Chang	1	Country		Cou	intry		<del></del>				
9. Name and Address of Current Registered Agent  SCHNEIDER, RONALD S  4387 N UNIVERSITY DR SUNRISE FL 33351  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip  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 it 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 a range of the provisions of Section 607.0505, Florida Statutes.  SIGNATURE  SIgnature, typed or printed name of registered agent and bile if applicable. (NOTE: Registered Agent signature required when reinstaling).  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  PSTD D DELETE  1.1 TITLE  Change  CHANGE  1.3 STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  SUNRISE FL 33351  1.4 CITY-ST-ZIP  TITLE  NAME  DELETE  2.1 TITLE  Change  Change	¬ '		<b>⊢</b> ·		•		1			₩o	
SCHNEIDER, RONALD S 4387 N UNIVERSITY DR SUNRISE FL 33351  82 Street Address (P.O. Box Number is Not Acceptable)  83   84   City   FL   85   Zip   85   Zip   85   Zip   86   Zip   86   Zip   87   Zip   87   Zip   88   Zip   28   Zi							10. Name and Address of New Register	d Ager	t		
4387 N UNIVERSITY DR SUNRISE FL 33351  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL  85 Zip  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 it 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 a ragent. 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 DIRECT IIIILE  TITLE  PSTD  DELETE  1.1 TITLE  Change  SCHNEIDER, RONALD S  1.3 STREET ADDRESS  CITY-ST-ZIP  SUNRISE FL 33351  1.4 CITY-ST-ZIP  TITLE  NAME  Change  Change  Change  Change  Change  Change  Change  Change  Change	^^.	INCIDED DONALD C	7 €		81	Name					
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 it 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 reading a statutes.  SIGNATURE  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  TITLE  PSTD  DELETE  1.1 TITLE  NAME  SCHNEIDER, RONALD S  1.2 NAME  STREET ADDRESS  GITY-ST-ZIP  SUNRISE FL 33351  DELETE  2.1 TITLE  NAME  Change  Change	438	7 N UNIVERSITY DR		*	82	Street Add	ress (P.O. Box Number is Not Acceptable)			.t., tyens end	
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 it 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 register. 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).  12. OFFICERS AND DIRECTORS  TITLE  PSTD  DELETE  1.1 TITLE  NAME  SCHNEIDER, RONALD S  4387. N UNIVERSITY DR  1.3 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ADDITIONS/CHANGES TO OFFICERS AND	SUN	NRISE FL 33351			83				2 100		
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  TITLE  PSTD  DELETE  1.1 TITLE  SCHNEIDER, RONALD S  STREET ADDRESS  4387 N UNIVERSITY DR  1.3 STREET ADDRESS  CITY-ST-ZIP  SUNRISE FL 33351  DELETE  21 TITLE  NAME  22 NAME  Change	3 1 4 1				84	City	<b>F</b>	85	Zip C	ode	
TITLE         PSTD         DELETE         1.1 TITLE         Change           NAME         SCHNEIDER, RONALD S         12 NAME         12 NAME           STREET ADDRESS         4387 N UNIVERSITY DR         13 STREET ADDRESS           CITY-ST-ZIP         SUNRISE FL 33351         14 CITY-ST-ZIP           TITLE         DELETE         2.1 TITLE           NAME         22 NAME	agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505	o, Fiorida Stat	utes.						
NAME         SCHNEIDER, RONALD S         12 NAME           STREET ADDRESS         4387 N UNIVERSITY DR         13 STREET ADDRESS           CITY-ST-ZIP         SUNRISE FL 33351         14 CITY-ST-ZIP           TITLE         DELETE         21 TITLE           NAME         22 NAME	2.						ADDITIONS/CHANGES TO OFFICERS				
STREET ADDRESS 4387 N UNIVERSITY DR 5UNRISE FL 33351 14 CITY-ST-ZIP 1TILE NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 1.3 STREET ADDRESS 2.1 TITLE 2.2 NAME	TLE	•	☐ DELET	E 1.1 म	TLE				Change	Addition	
CITY-ST-ZIP         SUNRISE FL 33351         1.4 CITY-ST-ZIP           TITLE         DELETE         2.1 TITLE           NAME         22 NAME	AME			1.2 N/	AME						
TITLE         DELETE         2.1 TITLE         Change           NAME         22 NAME	TREET ADDRESS			1							
NAME 22 NAME		SUNRISE FL 33351	[] Belet			-ZIP			Change	Additio	
			□ DELE1						mango		
STREET ADDRESS 2.35TREET ADDRESS		_		1			,				
2.40TV ST 78		S		•							
CITY-ST-ZIP         2.4 CITY-ST-ZIP           TITLE         DELETE         3.1 TITLE         Change			☐ DELET			1-71L			Change	Additio	
NAME 32 NAME	3.1							_	•		
STREET ADDRESS 3.3 STREET ADDRESS		s				ADDRESS					
CITY-ST-ZIP 34. CITY-ST-ZIP	TREET ADDRESS	Taring in the second				j					
TITLE DELETE 4.1 TITLE	. ;			3.4. C	ITY-ST	-Z#P			11.1 mg 3		
NAME 4.2 NAME	ITY-ST-ZIP	<u> </u>	☐ DELÉT			-282		·	Change	Additio	
STREET ADDRESS 4.3 STREET ADDRESS	ITY-ST-ZIP		☐ DELET	E 4.1 TO	TLE	-289		· ` `	Change	Additio	
CITY-ST-ZIP 44 CITY-ST-ZIP	ITY-ST-ZIP	S S	☐ DELET	E 4.1 TO 4.2 N	TLE IAME			· ·	Change	Additic	
	ITY-ST-ZIP ITLE AME TREET ADDRESS	S		E 4.1 TO 4.2 N 4.3 ST 4.4 CO	TLE IAME TREET	ADDRESS			- '		
1ΠLE	ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP	5		E 4.1 π/4.2 N 4.3 ST 4.4 CI E 5.1 π	TLE IAME TREET I TY-ST- TLE	ADDRESS			- '	☐ Addition	
TITLE         DELETE         5.1 TITLE         Change           NAME         5.2 NAME	ITY-ST-ZIP ITLE  AME  TREET ADDRESS ITY-ST-ZIP ITLE	S		E 4.1 π 4.2 N 4.3 ST 4.4 CI E 5.1 π 5.2 N	TLE  IAME  IREET  ITY-ST- TLE  AME	ADDRESS -ZIP			- '		
TITLE         □ DELETE         5.1 TITLE         □ Change           NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS	ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE IAME	S		E 4.1 TI 4.2 N 4.3 ST 4.4 CI E 5.1 TI 5.2 N 5.3 ST	TLE IAME IREET ITY-ST- TLE AME IREET	ADDRESS -ZIP ADDRESS			- '		
TITLE         DELETE         5.1 TITLE         Change           NAME         5.2 NAME         STREET ADDRESS           CITY-ST-ZIP         5.3 STREET ADDRESS         5.4 CITY-ST-ZIP	ITY-ST-ZIP  TILE  AME  TREET ADDRESS  ITY-ST-ZIP  ITLE  AME  TREET ADDRESS	S (A)	☐ DELET	E 4.1 π 4. 2 N 4.3 Si 4.4 Cl E 5.1 π 5.2 N 5.3 Si 5.4 Cl	TLE IAME IREET, ITY-ST- TLE AME IREET, ITY-ST-	ADDRESS -ZIP ADDRESS			Change	· Additio	
TITLE         DELETE         5.1 TITLE         Change           NAME         5.2 NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS         CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change	ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP	S	☐ DELET	E 4.1 π 4.2 N 4.3 S1 4.4 CI E 5.1 π 5.2 N 5.3 S1 5.4 CI E 6.1 π	TLE IAME IREET ITY-ST- TLE AME ITY-ST- TLE TLE ITY-ST-	ADDRESS -ZIP ADDRESS			Change		
TITLE         DELETE         5.1 TITLE         Change           NAME         5.2 NAME         STREET ADDRESS           STREET ADDRESS         5.3 STREET ADDRESS         5.4 CITY-ST-ZIP	ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS	S	☐ DELET	E 4.1 π 4.2 N 4.3 S1 4.4 CI 5.1 π 5.2 N 5.3 S1 5.4 CI E 6.1 π 6.2 N	TLE IAME ITY-ST- TLE AME ITY-ST- TLE TY-ST- TLE AME	ADDRESS -ZIP ADDRESS -ZIP			Change	· Additio	

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 chapter 607, or on an attachment with an address, with all other like empowered.