Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90039 030 ***150.00

ZE034 (11/30)

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 # | P9700005904 | 6 |
|------------|-------------|---|
| | | v |

| 1. Corporation | SSETS DEVELOPMENT INTE | | | | | | | |
|--|---|---------------------------------|--------------|--------------------|--|------------------------------------|------------------------|--|
| Principal Place | e of Business | Mailing Address | | | 1 (MAICE AL LIEU COURT C | .At Bessin chess hines e | 8(818 B))) 188) | |
| 1975 EAST SUNRISE BLVD. 5TH FLOOR FT LAUDERDALE FL 33304 164 SARATOGA BLVD W ROYAL PALM BEACH FL 33411 US | | | 3411 | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | 3. Date incorporated or Qualifed 07/08/1997 | | | |
| | lace of Business | 2a. Mailing Address | | | 4. FEI Number | + | plied For | |
| 21 164 5 | Gara toga Blrd. West | 26 | | | 65-0766524 | Not | t Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | , \$8.75 A | | |
| City & State | PALM GEACH, FL | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 Added to | | |
| Zip | Country | Zip | Country | / | 8. This corporation owes the current year | ntangible | | |
| 24 33411 | 25 Palno Beach | 29 | 30 | | Personal Property Tax. | | ∑ No | |
| - : | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Registere | d Agent | | |
| | | | 81 | Name | | | i | |
| | SER, JEAN-DAVID | | 82 | Stroot Ad | dress (P.O. Box Number is Not Acceptable) | | | |
| 164 | Saratoga Blvd., West | | 02 | Street Au | diess (F.O. Box Number is Not Acceptable) | | | |
| ROY | AL PALM BEACH FL 33411 | | 83 | | | | | |
| | | | | | | | | |
| | | | 84 | City | F | 85 Zip C | code | |
| office or re agent. I ar SIGNATURE | egistered agent, or both, in the State of m familiar with, and accept the obligation | ons of, Section 607.0505, Flori | ida Statutes | ine corpora s. | rporation submits this statement for the purpose tion's board of directors. I hereby accept the app | of changing its ointment as reg | registered gistered | |
| | Signature, typed or printed name of registered agent | | | nt signature requi | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTO | DS IN 12 | |
| 12. | OFFICERS AND | DELETE | 13. | | ADDITIONS/CHANGES TO OFFICERS | . ☐ Change | Addition | |
| TITLE | DP | □ DECE IE | 1.1 TITLE | | • | / | | |
| NAME | SAUSER, JEAN DAVID | | 1.2 NAME | | | • | ł | |
| STREET ADDRESS | 1975 EAST SUNRISE BLVD, 5Th | FLOOR | 1.3 STREE | T ADDRESS | | | | |
| C-ITY-ST-ZIP | FT LAUDERDALE FL 33304 | | 1.4 CITY-5 | ST-ZIP | | Change | Addition | |
| TITLE | | ☐ DELETE | 2.1 TITLE | | / / | Criange | L_J Addition | |
| NAME | | | 2.2 NAME | | | | } | |
| STREET ADDRESS | | | 2.3 STREE | TADDRESS | / ' | | Ì | |
| CITY-ST-ZIP | | | 2.4 CITY- | ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | ☐ Change | ☐ Addition | |
| NAME | | / | 3.2 NAME | | | | i | |
| STREET ADDRESS | | | 3.3 STREE | TADDRESS | / | | | |
| CITY-ST-ZIP | | | 3.4. CITY- | ST-ZIP | | <u> </u> | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | ☐ Change | Addition | |
| NAME | /_ | | 4. 2 NAME | | · / | | | |
| STREET ADORESS | / * | | 4.3 STREE | T ADDRESS | · / | | | |
| CITY-ST-ZIP | | | 4.4 CITY-S | | / | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | ☐ Change | Addition | |
|) III LE | | - | 5.2 NAME | | · · · · · · · · · · · · · · · · · · · | | | |

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Jawarg 51h 1999 (561) 7918790

Date Daytime Phone #
(541) 798 2301

☐ Change

Addition