PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000067661

1. Corporation Name

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90013 011 ***150.00

	PLUS, II, INC.									
									 	1181 (88)
							 			
Principal Place	e of Business	Mailing Address			ĺ	•				
5703 COCO PLI	um dr.	5703 COCO PLUM DR.					•			
PH 1 PH 1 TAMARAC FL 33319 TAMARAC FL 33319					1	DO NOT WRITE IN THIS SPACE				
TAMADAC IL 3	0013	Transferro 12 00010				3. Date Incorporated or Qualifed				
						08/05/1997				
2. Principal Pl	ace of Business	2a. Mailing Address			1	4. FEI Number		. [Applied	1 For
21 5703	CUCO PALM DR	26 5703 Cocn 1	PALM	DR		65-0779692			Not Ap	plicable
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired		~	5 Addit	
22 PH		27 PH 1				J. Certificate of Giatas Desired		Fee	Requir	ed
City & State	e	City & State			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	6. Election Campaign Financing	. п		00 May	
23 TAMA		28 TAMARAC				Trust Fund Contribution			ed to Fe	es
Zip	Country	Zip	Countr	319		8. This corporation owes the curr	ent year Inte	angible XYes		
24 FL	25 33319	<u> </u>	<u>o</u> 33	317		Personal Property Tax.	2 aniatorod			"
	9. Name and Address of Current	Registered Agent	8.	I Name	1	0. Name and Address of New F	/คลิเลเลเลน <u>เ</u>	-yeill		\dashv
POM	ERANCE, ROGER M			1401118						
1900 CORPORATE BLVD., N.W.			8:	82 Street Address (P.O. Box Number is Not Acceptable)						ł
	E 201E EAST BLDG.		8:							
	A RATON FL 33431		0.	'						
500	A NATON 12 30431		8-	4 City			FL	85 2	ip Code	3
								changing	ite roei	ctored
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	2 and 607.1508, Florida Statutes of Florida, Such change was autl	i, the abor horized b	ve-named v the corp	corporation's	board of directors. I hereby accep	puune appon	much a	s registe	ieu .
agent. I a	m familiar with, and accept the obligation	ions of, Section 607.0505, Florid	la Statute	S.			14, 25		10	4.
SIGNATURE										
SIGNATURE	Signature, typed or printed name of registered agent		•	ent signature	required whe		DATE	D DIDE	TOPS	INI 12
12.	OFFICERS AND	DIRECTORS	13.	ent signature		n reinstating) ADDITIONS/CHANGES TO OF				
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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 chapged, or on an attachment with an address, with all other like empowered.

SIGNATURE: June Milchick LINIA GILCHICK President 1/4/99 (954) 739-2686

;R2E034 (11/98)