PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000069111

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

FILED					
Mar 02, 1999 8:00 am					
Secretary of State					
02 02 1000 00027 012 ***155 00					

03-02-1999 90087 013

Principal Place 5434 WEST SAI SUITE 231 MARGATE FL 3 US	MPLE RD	Mailing Address 5434 W SAMPLE RD SUITE 213 MARGATE FL 33073 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/08/1997
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21 26			Not Applicable	
Suite, Apt. #, etc.		<u></u>		5. Certificate of Status Desired Fee Regulred - Fee Regulred
22 27				
City & State City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23 28			Country	This corporation owes the current year intangible
<u></u>	25	29 3	¬ '	Personal Property Tax.
24	9, Name and Address of Currer		1	10. Name and Address of New Registered Agent
	g. Warne and the control of the cont		81 Name -	
STEINHART, NANCY 5044 NW 87TH TERR			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)
CORAL SPRINGS FL 33067			83	The state of the s
				2 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			84 City	FL 85 Zip Code
SIGNATURE	m familiar with, and accept the obliga /-; Signature, typed or printed name of registered age OFFICERS AN	· _	tegistered Agent signature req	ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	PRESIDENT Uchange DAddition NAMEY STEINART
NAME	STEINHART, CHAD		1.2 NAME	NAMES STEEMAR
STREET ADDRESS	9630 N.W. 35 STREET #3		1.3 STREET ADDRESS	Copul Springs, Pla 33067
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 CITY-ST-Z)P	Coral Gerings, Ma. 3306
TITLE	D	☐ DELETE	2.1 TITLE	Change ☐ Addition
NAME	STEINHART, BRET		2.2 NAME	1
STREET ADDRESS	9630 N.W. 35 STREET #3		2.3 STREET ADORESS	*
CITY-ST-ZIP	CORAL SPRINGS FL 33065		2. 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		□ OELETE	3.4. CITY-ST-ZIP 4.1 TITLE	☐ Change ☐ Addition
TITLE			4. 2 NAME	
NAME STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
etpeet anneese	.		6.3 STREET ADDRESS	

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.

64 CITY-ST-ZIP