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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000071176

1. Corporation Name

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90002 017 ***150.00

JUSEPH	H. FASUNE, P.A.								
Principal Place	e of Business	Mailing Address					8 8 11 1 9 8 1 1 1 9 9 1		12018 SHI 1861
625 NE 3 AVE	E El 20204	625 NE 3 AVE FT LAUDERDALE FL 33304							
FT LAUDERDALE FL 33304 FT LAUDERDALE FL 33304						DO NOT W	RITE IN TH	IS SPACE	
						3. Date Incorporated or Qualife 08/12/1997	ed		
2. Principal P	Place of Business	2a. Mailing Address	.,			4. FEI Number		A	plied For
21 26						65-0773715		No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	* · . · ·		·	5. Certificate of Status Desired			Additional
22		27			_	0. 00. 		Fee R	equired
City & Stat	te	City & State				6. Election Campaign Financin	g 🗆	•	May Be
23		28			_	Trust Fund Contribution			to Fees
Zip	Country	Zip	Count	ry		8. This corporation owes the c	urrent year	Intangible	□No
24	25	29	30			Personal Property Tax. 10. Name and Address of New	y Registers		
	9. Name and Address of Curre	ent Registered Agent		31 N	 Name	IV. Hame and Address of Nev	. regiate	- rage/it	
FAS	ONE, JOSEPH R		L						
	NE 3 AVE		8	32 5	Street Addre	ess (P.O. Box Number is Not Acce	ptable)		
	AUDERDALE FL 33304		R	33					
'''	3 1002110.12		"	~					
			8	34 (City 、		F	85 Zip	Code
						•			- 1
agent. I a	to the provisions of Sections 607.01 registered agent, or both, in the State of familiar with, and accept the obliging state of the section o	Jame				d when reinstating)	3 Ja	199	
l	Signature, typed or printed name of registered a	Tame					DATE	AND DIRECTO	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE	Registered Ag	gent się		d when reinstating)	DATE	77	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE	Registered Ag	gent siç		d when reinstating)	DATE	AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE	Signature, oped or prifed name of registered a OFFICERS A FASONE, JOSEPH R	gent and title if applicable. (NOTE	13.	gent siç	gnature required	d when reinstating)	DATE	AND DIRECTO	ORS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, tried or printed name of registered a OFFICERS A D FASONE, JOSEPH R 625 NE 3 AVE	gent and title if applicable. (NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STRE	gent sig	gnature required	d when reinstating)	DATE	AND DIRECTO	ORS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or prinfed name of registered of OFFICERS AT THE PROPERTY OF	gent and title of applicable. (NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE	gent sk E E EET AD ST-ZI E EET AD Y-ST-Z	gnature required DDRESS IP DDRESS	d when reinstating) ADDITIONS/CHANGES TO (DATE	AND DIRECTO	DRS IN 12
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CITY-ST-ZIP 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.