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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT# P97000073467

1. Corporation Name

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Principal Place of Business	Mailing Address	· · · · · · · · ·		f immiliabr ind rann iderit adint anzu ansur an	IIC 18886 HUN 818C8	#### F################################
5395 WEST 22ND COURT	2919 E. COMMERCIAL BLVD.					
HIALEAH FL 33016 SUITE A FT. LAUDERDALE FL 33308				DO NOT WRITE IN Th	He enve	
				DO NOT WRITE IN THE	113 SPACE	
	US			08/22/1997		
B. Divided Black of Business	a. Mailing Address			4, FEI Number		oplied For
2. Principal Place of Business 2a. Mailing Address 25				65-0776426		ot Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75	
22] 27				5. Certifcate of Status Desired		equired
City & State	City & State	· · · ·	* =	6. Election Campaign Financing	\$5.00	May Be
23	28			Trust Fund Contribution	Added	to Fees
Zip Country	Zip	Country	ı	8. This corporation owes the current year	Intengible	_
24 25	29 30	<u> </u>		Personal Property Tax.	Yes	□No
9. Name and Address o	of Current Registered Agent	•	l	10. Name and Address of New Register	ed Agent	
1/4TT ALLEN II		81	Name	•		
KATZ, ALLEN H		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
2919 E. COMMERCIAL BLVD.	•	00				
SUITE A FT. LAUDERDALE FL 33308		83				
• F1. LAUDENDALE FL 33308		84	City		85 Zip	Code
11, Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute:				F		- ragistared
office or registered agent or both in the	the State of Florida. Such change was author the obligations of, Section 607.0505, Florida	onzed by	the corporatio	n's board of directors. I hereby accept the ap	pointment as re	egistered
SIGNATURE Signature, typed or printed name of rec	gistered agent and title if applicable. (NOTE: Reg		nt signature required	when reinstating) DATE		
Signature, typed or printed name of reg	gistered agent and title if applicable. (NOTE: Reg CERS AND DIRECTORS			when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		
Signature, typed or printed name of reg	300000000000000000000000000000000000000	gistered Agen		- Hillian (1977)	AND DIRECTO	ORS IN 12
Signature, typed or printed name of rec 12. OFFIC	CERS AND DIRECTORS	gistered Agen		- Hillian (1977)		
Signature, typed or printed name of reg 12. OFFICE TITLE PSTD	CERS AND DIRECTORS	13. 1.1 TITLE 1.2 NAME		- Hillian (1977)		
12. OFFICE TITLE PSTD NAME EVANS, SYLVIA	CERS AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME	nt signature required	- Hillian (1977)	☐ Change	☐ Addition
12. OFFICE TITLE PSTD NAME EVANS, SYLVIA STREET ADDRESS 5395 WEST 22ND COU	CERS AND DIRECTORS	13. 1.1 TITLE 1.2 NAME	nt signature required	- Hillian (1977)		
12. OFFICE TITLE PSTD NAME EVANS, SYLVIA STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33016	CERS AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	nt signature required	- Hillian (1977)	☐ Change	☐ Addition
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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 suppliemental 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.

6.4 CITY- ST-ZIP

SIGNATURE:

CITY-ST-ZIP

@uired RINTED NAME OF SIGNING OFFICER OR DIRECTOR