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

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

04-29-1999 90276 001 ***150.00

ACCUC	LEAN SERVICES, INC.	Mailing Address 200 NW 80 TERR. MARGATE FL 33063				
25	•			DO NOT WRITE IN TH	S SPACE	
]				3. Date incorporated or Qualifed		İ
Duin stand 6	Diam of David			08/25/1997		
<u> </u>	Place of Business	2a. Mailing Address	oth terr.	4. FEI Number)— ——	plied For
21 200 Suite, Apt		26 200 NW 8 Suite, Apt. #, etc.	0 terr.	65-0786003	\$8,75	t Applicable
22		27		5. Certifcate of Status Desired	Fee Re	
City & Sta	ite	City & State		6. Election Campaign Financing	\$5.00	
23 Ma	reate, FL.	28 Margate	FL.	Trust Fund Contribution	Added t	
24 330	Country 63 25 USA	Zip	Country 30 USA	This corporation owes the current year I Personal Property Tax.	. ~	□No
<u> </u>	9. Name and Address of Curre			10. Name and Address of New Registere		
			81 Name			
DIMARCO, ROBERT			82 Street Add	fress (P.O. Box Number is Not Acceptable)		
200 NW 80 TERRACE			Oliver Add			
j MAI	RGATE FL 33063		83	·· — · · · · · · · · · · · · · · · · ·		
			84 City		85 Zip C	Code
Ĺ				F.	<u> </u>	
office or	t to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was au	thorized by the corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app	f changing its sintment as req	registered gistered
SIGNATURE	, -	,				Į
L	Signature, typed or printed name of registered ag		Registered Agent signature requir			
12.	D OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		RS IN 12
NAME	DIMARCO, ROBERT	בן טבנבוב	1.1 T/TLE		Change	
STREET ADDRESS	AAA ARALAA TEBB	•	1.3 STREET ADDRESS			į
	MARGATE FL 33063					
CITY-ST-ZIP	MINICATE TE 00000	☐ DELETE	1.4 CITY-ST-ZIP		☐ Change	Addition
NAME		<u> </u>	2.2 NAME			
STREET ADORESS	Į		2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			Ì
TITLE		☐ DELETE	3.1 TITLE		Change	Addition (
NAME	}		3.2 NAME			_
STREET ADDRESS			3.3 STREET ADDRESS		•	ŀ
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition
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STREET ADDRESS			4.3 STREET ADDRESS	•		
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
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STREET ADDRESS			5.3 STREET ADDRESS			1
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TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			1
STREET ADDRESS			6.3 STREET ADDRESS		,	ļ
CITY-ST-ZIP			6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/99

(954) 971-2048