## 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

## DOCUMENT # P97000076724 1. Corporation Name

## FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90017 014 \*\*\*150.00

JUDITH	e. Kalmin, p.a.						
Principal Place	e of Business	Mailing Address		•		INDIA REILE INDE	i ildir men inni
70 SW 111 LANE 70 SW 111 LANE CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					09/04/1997	·	
Principal Place of Business     2a. Mailing Address					4. FEI Number	A	oplied For
21 26					65-0780612		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional
22 27							equired
City & State City & State					6, Election Campaign Financing		May Be
23 28					Trust Fund Contribution		to Fees
Zip					8. This corporation owes the current year Int	angible	□No
24	25	29 30	-		Personal Property Tax.  10. Name and Address of New Registered		
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered	Agent	
KALMIN, JUDITH E 70 SW 111 LANE			"				
			82	Street Addre	dress (P.O. Box Number is Not Acceptable)		
			83				
0011	AE OF THINGS TE GOD! T		03				
			84	City	FL	85 Zip	Code
			ho abov	nomed corp	eration culturity this statement for the nurnose of	changing its	registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered							
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	Statutes	•		. سعد عد	
≓SIGNATURE÷		O - CONTROL OF THE PARTY OF THE		nt signature required	d when reinstating) DATE		
40	Signature, typed or printed name of registered agent OFFICERS AND		13.	n signature required	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTO	DRS IN 12
12. TITLE	DP	☐ DELETE	1,1 TITLE	.	Nobinoto, et al legione de la companya de la compan	Change	☐ Addition
NAME	O		1.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			1.4 CITY-S				
TITLE	DV	☐ DELETE 2.1T		,		Change	Addition
NAME	KALMIN, JEROME		2.2 NAME				1
STREET ADDRESS				TADORESS			
CITY-ST-ZIP			2:4 CITY-1	_ 1 .	تنصيب والمستعدد والمستعد والمستعدد والمستعد والمستعدد والمستعد والمستعدد والمستعد والمستعدد والمستعدد والمستعدد والمستعدد والمستعدد والمستعدد والم		
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NAME	3.2 N		3.2 NAME	1			ļ
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NAME	4.21		4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP	4.4 CI		4.4 CITY-S	T-ŽIP			
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NAME			5.2 NAMÉ				
STREET ADDRESS			5.3 STREE	TADDRESS			1
CITY-ST-ZIP	1) 1-31-ZIF		5.4 CITY-S	T-ZIP			
TITLE			6.1 TITLE			☐ Change	☐ Addition
NAME	6.2 N		6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			
	CITY-ST-ZIP 6.4 CFI			1			

CITY-ST-ZIP 14. 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: