## PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jun 29, 1999 8:00 am Secretary of State

06-29-1999 90001 026 \*\*\*150.00

## DOCUMENT # P97000079199

T.J. DEL	RAY BEACH ASSOCIATES,	INC.		/				
Principal Place of Business 710 EAST ATLANTIC AVE DELRAY BCH FL 33483 US  Mailing Address 261 NE 48TH CT FT 1AUDERDALE FL 33334 US					DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualifed 09/11/1997			
	lace of Business	2a. Mailing Address			4. FEI Number 65-0791133	<del></del>	plied For at Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		<del></del>	5. Certificate of Status Desired		Additional aguired	
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be	
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year	r Intangible	to Fees	1
24	9. Name and Address of Current	Registered Agent	30		Personal Property Tax.  10. Name and Address of New Register	DKYes ned Agent	□No	1
Para				81 Name			_	]
	n, terrence e Ne 48th C7			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)			1
	AUDERDALE FL 33334			83				
				84 City		85 Zip	Code	1
office or re agent, I a	egistered agent, or both, in the State o m familiar with, and accept the obligati	if Florida, Such change w ions of, Section 607.0505.	as authorized , Florida Stati	by the corpora ites.	orporation submits this statement for the purposition's board of directors. I hereby accept the a	opomiment as re	iĝiz(e) eu	
SIGNATURE	Street we have a company of registered agent				ared when reinstating) DATE			١,
	Signature, typed or printed name of registered agent OFFICERS AND	and trie if applicable. (I			ared when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		XRS IN 12	(00)
SIGNATURE 12. TITLE	OFFICERS AND	and trie if applicable. (I	NOTE: Registered	Agent signature requ				(41,00)
12. TITLE NAME	OFFICERS AND DP RYAN, TERRANCE E	and ittle if applicable. (I	13. 1.1 TII	Agent signature requ		AND DIRECTO	XRS IN 12	034 (41,00)
12. TITLE NAME STREET ADDRESS	OFFICERS AND DP RYAN, TERRANCE E 261 NE 48TH CT	and ittle if applicable. (I	13. 1.1 TII 1.2 NA 1.3 ST	Agent agresture requirements  LE  ME  REET ADDRESS		AND DIRECTO	XRS IN 12	005034 (41,000)
12. TITLE NAME	OFFICERS AND DP RYAN, TERRANCE E 261 NE 48TH CT FT LAUDERDALE FL 33334	and ittle if applicable. (I	13. 1.1 III 1.2 NA 1.3 ST 1.4 CF	Agent agnature requ LE MF REET ADDRESS TY-ST-ZIP		AND DIRECTO	XRS IN 12	CD0E034 (41,00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DP RYAN, TERRANCE E 261 NE 48TH CT	and title if applicable. (f	13. 1.1 III 1.2 NA 1.3 ST 1.4 CF	Agent agneture required to the ME REET ADORESS TY-ST-ZIP		AND DIRECTO	DRS IN 12	CDOF 024 (41/00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DP RYAN, TERRANCE E 261 NE 48TH CT FT LAUDERDALE FL 33334 DST GOLDFARB, JEROME H 261 NE 48TH CT	and title if applicable. (f	NOTE: Registered 13. 1.1 TM 1.2 NA 1.3 ST 1.4 CF 2.1 TM 2.2 NA 2.3 ST	Agent agreeure requirement for the ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS		AND DIRECTO	DRS IN 12	CB2E034 (1100)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS. CITY-ST-ZIP	OFFICERS AND DP RYAN, TERRANCE E 261 NE 48TH CT FT LAUDERDALE FL 33334 DST GOLDFARB, JEROME H	and title if applicable. (I) D DIRECTORS DELETE	NOTE: Registered 13. 1.1 TT 1.2 NA 1.3 ST 1.4 CF 2.1 TT 2.2 NA 2.3 ST 2.4 CF	Agent agreeure requirement agreement		AND DIRECTO	DRS IN 12	CD2E034 (11/00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DP RYAN, TERRANCE E 261 NE 48TH CT FT LAUDERDALE FL 33334 DST GOLDFARB, JEROME H 261 NE 48TH CT	and title if applicable. (f	NOTE: Registered 13. 1.1 TT 1.2 NA 1.3 ST 1.4 CF 2.1 TT 2.2 NA 2.3 ST 2.4 CF	Agent agreeure requirements ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE		S AND DIRECTO ☐ Change ☐ Change	ORS IN 12 Addition	CDOFF (41,00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS. CITY-ST-ZIP	OFFICERS AND DP RYAN, TERRANCE E 261 NE 48TH CT FT LAUDERDALE FL 33334 DST GOLDFARB, JEROME H 261 NE 48TH CT FT LAUDERDALE FL 33334	and title if applicable. (I) D DIRECTORS  DELETE	NOTE: Registered 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CF 3.1 TII 3.2 NA	Agent agreeure requirements ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE		S AND DIRECTO ☐ Change ☐ Change	ORS IN 12 Addition	000000000000000000000000000000000000000
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS. CITY-ST-ZIP TITLE NAME CTTREET ADDRESS. CITY-ST-ZIP CTTY-ST-ZIP	OFFICERS AND DP RYAN, TERRANCE E 261 NE 48TH CT FT LAUDERDALE FL 33334 DST GOLDFARB, JEROME H 261 NE 48TH CT FT LAUDERDALE FL 33334	and title if applicable. (I)  DIRECTORS  DELETE  DELETE  DELETE	NOTE: Registered 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 SI 3.4 CI	Agent agreeure requirement agreement agreement adoress IY-ST-ZIP LE ME REET ADORESS IY-ST-ZIP LE ME REET ADORESS IY-ST-ZIP		Change	ORS IN 12 Addition Addition	CD2E034 (41,08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS. CITY-ST-ZIP TITLE NAME CITY-ST-ZIP TITLE THE CONTROL OF ST-ZIP TITLE THE CITY-ST-ZIP TITLE	OFFICERS AND DP RYAN, TERRANCE E 261 NE 48TH CT FT LAUDERDALE FL 33334 DST GOLDFARB, JEROME H 261 NE 48TH CT FT LAUDERDALE FL 33334	and title if applicable. (I) D DIRECTORS  DELETE	NOTE: Registered 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CF 3.1 TII 3.2 NA 3.3 ST 3.4 CF 4.1 TII	Agent agreeure requirements ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS		S AND DIRECTO ☐ Change ☐ Change	ORS IN 12 Addition	CDDEC24 (4100)
12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS. CITY-ST-ZIP TITLE NAME CITY-ST-ZIP TITLE NAME TITLE NAME NAME	OFFICERS AND DP RYAN, TERRANCE E 261 NE 48TH CT FT LAUDERDALE FL 33334 DST GOLDFARB, JEROME H 261 NE 48TH CT FT LAUDERDALE FL 33334	and title if applicable. (I)  DIRECTORS  DELETE  DELETE  DELETE	NOTE: Registered 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA	Agent agreeure requirement of the control of the co		Change	ORS IN 12 Addition Addition	CB2EC34 (41,00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AND DP RYAN, TERRANCE E 261 NE 48TH CT FT LAUDERDALE FL 33334 DST GOLDFARB, JEROME H 261 NE 48TH CT FT LAUDERDALE FL 33334	and title if applicable. (I)  DIRECTORS  DELETE  DELETE  DELETE	NOTE: Registered 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 4.4 CI 4.1 TII 4.2 NA 4.3 ST	Agent agreeure requirements ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS		Change	ORS IN 12 Addition Addition	CD2E034 (41/09)
12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS. CITY-ST-ZIP TITLE NAME CITY-ST-ZIP TITLE NAME TITLE NAME NAME	OFFICERS AND DP RYAN, TERRANCE E 261 NE 48TH CT FT LAUDERDALE FL 33334 DST GOLDFARB, JEROME H 261 NE 48TH CT FT LAUDERDALE FL 33334	and title if applicable. (I)  DIRECTORS  DELETE  DELETE  DELETE	NOTE: Registered 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST 2. 4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA 4.3 ST 4.4 CF	Agent agreeure requirement agreement agreement agreement adoress IT-ST-ZP LE ME REET ADORESS IT-ST-ZP LE ME REET ADORESS IT-ST-ZP LF UME REET ADORESS IT-ST-ZP LF UME REET ADORESS IT-ST-ZP		Change	ORS IN 12 Addition Addition	(4) (1) (0) (1) (1) (0) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	OFFICERS AND DP RYAN, TERRANCE E 261 NE 48TH CT FT LAUDERDALE FL 33334 DST GOLDFARB, JEROME H 261 NE 48TH CT FT LAUDERDALE FL 33334	DIRECTORS DIRECTORS DELETE DELETE	NOTE: Registered 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 4.4 CF 4.1 TII 4.2 NA 4.3 ST 4.4 CF 5.1 TII 5.2 NA 5.3 ST	Agent agreeure requirement agreement agreement adoress yest adoress ty-st-zp le me me meet adoress ty-st-zp le me me meet adoress yest-zp le me me meet adoress yest-zp le me me meet adoress yest-zp le me me meet adoress		Change	ORS IN 12 Addition Addition Addition	(4100)
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND DP RYAN, TERRANCE E 261 NE 48TH CT FT LAUDERDALE FL 33334 DST GOLDFARB, JEROME H 261 NE 48TH CT FT LAUDERDALE FL 33334	DDIRECTORS DELETE DELETE DELETE	NOTE: Registered 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CI 4.1 TII 4.2 NA 4.3 ST 4.4 CF 5.1 TII 5.2 NA 5.3 ST 5.4 CF	Agent agneture required for the following section of the following sect		Change  Change  Change	ORS IN 12 Addition Addition Addition Addition	(30) (11) (0)
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	OFFICERS AND DP RYAN, TERRANCE E 261 NE 48TH CT FT LAUDERDALE FL 33334 DST GOLDFARB, JEROME H 261 NE 48TH CT FT LAUDERDALE FL 33334	DIRECTORS DIRECTORS DELETE DELETE	NOTE: Registered 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CI 4.1 TII 4.2 NA 4.3 ST 4.4 CF 5.1 TII 5.2 NA 5.3 ST 5.4 CF	Agent agneture required for the following section of the following sect		Change	ORS IN 12 Addition Addition Addition	CD2F034 (44/06)
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND DP RYAN, TERRANCE E 261 NE 48TH CT FT LAUDERDALE FL 33334 DST GOLDFARB, JEROME H 261 NE 48TH CT FT LAUDERDALE FL 33334	DDIRECTORS DELETE DELETE DELETE	NOTE: Registered 13. 1.1 TII 12.NA 1.3 ST 1.4 CF 2.1 TII 22.NA 23.ST 2.4 CI 3.1 TII 3.2 MA 4.3 ST 4.4 CF 5.1 TII 5.2 NA 5.3 ST 5.4 CF 6.1 TII 6.2 NA	Agent agneture required for the following section of the following sect		Change  Change  Change	ORS IN 12 Addition Addition Addition Addition	(90) (90)

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 ceth; 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:

4/47/99 561.279-7419