PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90041 022 ***158.75

	1999	3	DIVISION OF CO	RPOR	ATIONS				41 022		
DOCUI 1. Corporation TRACTE		07920)3				`				
INACIE	L, INU										
Principal Place	e of Business	Mailing A	ddress			\neg	6 1821/25: (40 14111 1641) ozelt do				
145 NW 156 LN. 145 NW 156 LN.						İ					
PEMBROKE PIN	ES FL 33028	PEMBROKI	E PINES FL 33028				DO NOT WRI	TE IN THIS	SPACE		
							3. Date Incorporated or Qualifed]
		1 2					09/12/1997 4. FEI Number		And	olied For	
	lace of Business	2a. Mailin	g Address				65-0831466			Applicable	
21 Suite, Apt.	# ole	26 Suite	Apt. #, etc.			\dashv			\$8.75 A		
22 Surie, Apr.	#, U IC.	27	ript, ir, oto.				5. Certificate of Status Desired	Ø	Fee Re		
City & State	8		State				8. Election Campaign Financing		\$5.00	May Be	1
23		28					Trust Fund Contribution	0	Added to	Fees	
Zip	Country	Zip		Cour	itry		8. This corporation owes the curr	ent year in			<u></u>
24	25	29	3(ō			Personal Property Tax.			□No	l
	9. Name and Address of Curren	t Registèred A	\gent		na N	<u> </u>	0. Name and Address of New F	egistered	Agent		
NAD	COLING ERANK				81 Name	ゴ、	Eric Vica				}
MARCOLINO, FRANK 145 NW 156 LN.					82 Street Ad	dgress	(P.O. Box Number is Not Accepta	ible) A	. 120 A m 40		
PEMBROKE PINES FL 33028					83	ے۔	28 /ILLAGE	9 7	ve nue	 -	ł
				l		50	scond Floor		··· [] -· ·-		٠.
					84 City		al Cooples	FL	85 Zip C	124 B	
11 Pursuant	to the provisions of Sections 607 050	2 and 607.150	3. Florida Statutes	. the ab	ove-named or	опрога	tion submits this statement for the	purpose of	changing its	registered	1
office or re	to the provisions of Sections 607.050; egistered egent, or both, in the State in familiar with, and accept the obligat	of Florida, Soci	h)change was auth	horizes	by the corporates	ration's	board of directors. I hereby accep	it the appo	intment as rec	istered	ļ
l	in landial with, and accept the gal	(ions of opens					• 3	513	o <i>l</i> 9/9		
SIGNATURE	Signature, typed or winted name of registered agen	11 \$nd title if applicab	(N)DTE R	egistered /	Agent signature req	chmeq wu		DATE			ௐ
12.	OFFICERS AN	D DIRECTOR		13.			ADDITIONS/CHANGES TO OF	FICERS A	Change	Addition	읃
TITLE	D STANK		□ DEXZTE	१.१ गाम							=
NAME	MARCOLINO, FRANK			1.2 NA							엉
STREET ADDRESS	145 NW 156 LN.			1.3516	REET ADORESS						
CITY-ST-ZIP	PEMBROKE PINES FL 33028			I					•		ង្ក
TITLE			□ DELETE		Y-ST-ZIP				Change	☐ Addition	CR2E034 (11/98)
NAME			☐ DELETE	2.1 ΠΤΙ	LE				Change	Addition	CRZ
			☐ DELETE	2.1 TTT 2.2 NA	LE ME				☐ Change	Addition	CR2
STREET ADORESS			DELETE	2.1 TTT 2.2 NAV 2.3 STF	LE ME REET ADORESS	<u></u>	. <u>-</u>		☐ Change	Addition	CR2
CITY-ST-ZIP			DELETE	2.1 TTT 2.2 NAV 2.3 STF	LE ME REET ADORESS TY-ST-ZIP				☐ Change	Addition	CR2E
CITY-ST-ZIP				2.1 TTT 2.2 NAV 2.3 STF 2.4 CTT	LE ME REET ADORESS IY-ST-ZIP						CR2E
CITY-ST-ZIP TITLE NAME				2.1 TITS 22 NAV 23 STF 2.4 CIT 3.1 TITS 3.2 NAV	LE ME REET ADORESS IY-ST-ZIP						CR2E
CITY-ST-ZIP TITLE NAME STREET ADDRESS				2.1 TITE 2.2 NAV 2.3 STF 2.4 CIT 3.1 TITE 3.2 NAV 3.3 STF	LE ME REET ADORESS IY-ST-ZIP LE ME				☐ Change	Addition	CR2E
CITY-ST-ZIP TITLE NAME		***		2.1 TITE 2.2 NAV 2.3 STF 2.4 CIT 3.1 TITE 3.2 NAV 3.3 STF	LE ME REET ADORESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP						CR2
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		2	☐ DELETE	2.1 TITS 22 NAV 2.3 STF 2.4 CIT 3.1 TITS 3.2 NAV 3.3 STF 3.4. CIT	LE ME REET ADORESS IY-ST-ZP LE ME REET ADDRESS IY-ST-ZP				☐ Change	Addition	CRZE
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	2.1 TITS 2.2 NAJ 2.3 STF 2.4 CIT 3.1 TITS 3.2 NAJ 3.3 STF 3.4. CIT 4.1 TITS 4.2 NAJ	LE ME REET ADORESS IY-ST-ZP LE ME REET ADDRESS IY-ST-ZP			and the same of th	☐ Change	Addition	CRZ
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP -TITLE NAME			DELETE	2.1 TITI 22 NAV 23 STF 2.4 CIT 3.1 TITI 3.2 NAV 3.3 STF 4.1 TITI 4.2 NAV 4.3 STF 4.4 CIT	LE ME REET ADDRESS IY. ST. ZIP LE ME REET ADDRESS IY. ST. ZIP LE ME REET ADDRESS Y. ST. ZIP				☐ Change	☐ Addition	CR2
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		\$ T	☐ DELETE	2.1 TITE 22 NAV 2.3 STF 2.4 CIT 3.1 TITE 3.2 NAV 3.3 STF 3.4 CIT 4.2 NAV 4.3 STF 4.4 CIT 5.1 TITE	LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE				☐ Change	Addition	CR2E
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP -TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME		P1	DELETE	2.1 TITE 2.2 NAV 2.3 STF 2.4 CIT 3.1 TITE 3.2 NAV 3.3 STF 4.4 CIT 4.2 NAV 4.3 STF 4.4 CIT 5.1 TITE 5.2 NAV	LE ME REET ADDRESS PY-ST-ZIP LE ME REET ADDRESS PY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME				☐ Change	☐ Addition	CR2
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP -TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS		\$ T	DELETE	2.1 TITE 22 NAV 2.3 STF 2.4 CET 3.1 TITE 3.2 NAV 3.3 STF 4.4 CET 4.2 NAV 4.3 STF 4.4 CET 5.1 TITE 5.2 NAV 5.3 STF	LE ME REET ADDRESS PY-ST-ZIP LE ME REET ADDRESS PY-ST-ZIP LE ME REET ADDRESS PY-ST-ZIP LE ME REET ADDRESS				☐ Change	☐ Addition	CR2
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP -TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP		\$ V	DELETE DELETE	2.1 TITE 22 NAV 2.3 STF 2.4 CE 3.1 TITE 3.2 NAV 3.3 STF 4.1 TITE 4.2 NAV 4.3 STF 4.4 CE 5.1 TITE 5.2 NAV 5.3 STF 5.4 CE	LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP				☐ Change	☐ Addition	CR2
CITY-ST-ZIP 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 CITY-ST-ZIP TITLE		F-1	DELETE	2.1 TITE 2.2 NAV 2.3 STF 2.4 CIT 3.1 TITE 3.2 NAV 3.3 STF 3.4 CIT 4.2 NAV 4.3 STF 4.4 CIT 5.1 TITE 5.2 NAV 5.3 STF 6.4 CIT 6.1 TITE	LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE				Change	Addition Addition	CR2
CITY-ST-ZIP 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 CITY-ST-ZIP TITLE NAME NAME		¥ ¥ ¥ ¥ ¥ ¥ ¥ ¥ ¥ ¥ ¥ ¥ ¥ ¥ ¥ ¥ ¥ ¥ ¥	DELETE DELETE	2.1 TITE 22 NAV 23 STF 2.4 CITE 3.1 TITE 3.2 NAV 3.3 STF 4.4 CITE 5.1 TITE 5.2 NAV 5.3 STF 5.4 CITE 6.1 TITE 6.2 NAV	LE ME REET ADDRESS PY-ST-ZIP LE ME REET ADDRESS PY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME ME REET ADDRESS Y-ST-ZIP LE	-			Change	Addition Addition	CR2
CITY-ST-ZIP 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 CITY-ST-ZIP TITLE	,	¥ ¥ ¥ ¥ ¥ ¥ ¥ ¥ ¥ ¥ ¥ ¥ ¥ ¥ ¥ ¥ ¥ ¥ ¥	DELETE DELETE	2.1 TITE 22 NAV 23 STF 2.4 CITE 3.1 TITE 3.2 NAV 3.3 STF 4.1 TITE 4.2 NAV 4.3 STF 5.1 TITE 5.2 NAV 5.3 STF 6.4 CITE 6.1 TITE 6.2 NAV 6.3 STF	LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE				Change	Addition Addition	CR2E

I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I surfier certify that the information indicated on this annual report or suppliemental annual report/strue 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 of the receiver or trusteer enhancement of several this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of an appear with all pitter like empowered.

SIGNATURE: X