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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT #

1. Corporation Name



P97000083925

DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

04-20-1999 90172 017 ***150.00

TROY LO	OMASKY, D.C., P.A.										
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Principal Place	e of Business	Mailing Address						 	EIDE IIIE I		01 0411 L001
16300 NE 19TH	•	16300 NE 19TH AVENUE			\						
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N. MIAMI BEACH FL 33162		N. MIAMI BEACH FL 33162				DO NOT WRITE IN THIS SPACE					
					3	3. Date Incorporated or	Qualifed				ļ
		1	•			09/26/1997					
 ,	lace of Business	2a. Mailing Address			1	4. FEI Number			\vdash		ed For
21	# 010	Suite. Apt. #, etc.				65-0790046			\$8.7		pplicable
Suite, Apt. #, etc.		27 Suite, Apt. #, etc.			\	Certificate of Status D	esired			Requ	
City & State		City & State			١,	6. Election Campaign Fi	nancing			00 ма	
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Zip	Country	Zip	Country	у		8. This corporation owe:		nt vear Inta	naible		
24	25	29 30	<u>.</u>	•		Personal Property Ta		,	∐Yes		No _
1	9. Name and Address of Current		1		10	0. Name and Address	of New Ro	gistered A	gent		
			81	Name							
	IASKY, TROY		82	Street	Address	(P.O. Box Number is No	t Accental	ole)			
	00 NE 19TH AVENUE		. "	Olivot.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(1 . O. BOX 14011001 10 110					
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11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	the abov	(e_named	corporati	ion submits this stateme	nt for the p	ourpose of c	hanging	its reg	rictored (
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office of it	edistered agent- or both? in the State o	of Florida-Such change was auth	ionzed by	v the compo	oration's	board of directors: I here	by accept	the appoin	tment as	regis	tered
agent. I a	egistered agent, or both; in the State on manifer with, and accept the obligate	of Florida-Such change was auth	ionzed by	v the compo	oration's	board of directors here	eby accept	the appoin	tment as	regis	tered
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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 shanged, or on an attachment an address, with all other like empowered.

SIGNATURE: