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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P97000084248 1. Corporation Name

## **FILED** Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90040 040 \*\*\*150.00

STERN BUSINESS CORP		j	
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Principal Place of Business Mailing Address	<b></b>	s immainmai ich iftill immel mailt Antil Anti	
10631 STONEBRIDGE BLVD. 10631 STONEBRIDGE BLVD.			
BOCA RATON FL 33498 BOCA RATON FL 33498			
v		DO NOT WRITE IN 3. Date Incorporated or Qualifed	THIS SPACE
		= ·	
2. Principal Place of Business 2a, Mailing Address	<del> </del>	09/29/1997 4. FEI Number	Applied For
21 26	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	65-0784132	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		, , ,	\$8.75 Additional
27	100	5. Certificate of Status Desired	Fee Required
City & State City & State	***	6. Election Campaign Financing	\$5.00 May Be
23 28		Trust Fund Contribution	Added to Fees
Zip Country Zip	Country	8. This corporation owes the current ye	ar Intangible
24 25 29 3	0	Personal Property Tax.	Ŭ Yes ØNo
Name and Address of Current Registered Agent		10. Name and Address of New Regist	ered Agent
MATT MARTIN M	81 Name		
KATZ, MARTIN V	82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
625 N. FLAGLER DR. 9TH FL.			
W. PALM BEACH FL 33401	83		学院 计循环分解 [
	84 City	1	85 Zip Code
		**************************************	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes	, the above-named corporation	pration submits this statement for the purpo	se of changing its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was autiagent. I am familiar with, and accept the obligations of	, the above-named corporation to Statutes.	oration submits this statement for the purpo n's board of directors. I hereby accept the	se of changing its registered appointment as registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was autiagent. I am familiar with, and accept the obligations of	•		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	egistered Agent signature required	when reinstating) DA	re
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: R  12. OFFICERS AND DIRECTORS	egistered Agent signature required		S AND DIRECTORS IN 12
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SIGNATURE  Signature typed or printed name of registered agent and title if applicable. (NOTE: R  12. OFFICERS AND DIRECTORS  TITLE  NAME  STERN, HENRY J  STREET ADDRESS  10631 STONEBRIDGE BLVD.	egistered Agent algneture required  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	when reinstating) DA	S AND DIRECTORS IN 12
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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 by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or or an attachment with an addless, with all other like empowered.

SIGNATURE: