Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

## 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 # P97000088151

City & State

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Zip

ELD MANAGEMENT CODD

| C.C.D. MINIMACIMILIAI OOM                               | •   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| Principal Place of Business                             | Mailing Address 3250 S. OCEAN BLVD. UNIT 302S PALM BEACH FL 33480 |  |  |  |  |  |
| 3250 S. OCEAN BLVD.<br>UNIT 302S<br>PALM BEACH FL 33480 |   |  |  |  |  |  |
| Principal Place of Business     21                      | 2a. Mailing Address 26  |  |  |  |  |  |
| Suite, Apt. #, etc.                                     | Suite, Apt. #, etc.   |  |  |  |  |  |

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City & State

Zip

9. Name and Address of Current Registered Agent

GART, DAVID A 250 AUSTRALIAN AVENUE SOUTH SUITE 500 W DAIM DEACH EL 22/01

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Country

## **FILED** Feb 20, 1999 8:00 am **Secretary of State**

02-20-1999 90008 018 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

10/13/1997 4. FEI Number

65-0797087

| W PALM DEACH EL 33401 |   | t                  | 200             |                      |   | 85 Zip Code                                   |                                       |                       |
|-----------------------|---|--------------------|-----------------|----------------------|---|---|---------------------------------------|-----------------------|
| -                     |   |                    | ļ               | 84 City              |   |   | FL [ ]                                |                       |
| office or r           | to the provisions of Sections 607.0502 and 607.<br>egistered agent, or both, in the State of Florida. S<br>m familiar with, and accept the obligations of, Se | such change was au | inorizea by     | me corporation       | oration submits this state<br>n's board of directors. I h | ment for the purpose<br>nereby accept the app | of changing its o<br>cointment as reg | registered<br>istered |
| SIGNATURE             | Signature, typed or printed name of registered agent and title if app   | licable (NOTE: F   | Registered Agen | t signature required | when reinstating)   | DATE  |                                       |                       |
| 12.                   | OFFICERS AND DIRECT   |                    | 13.             |                      |   | GES TO OFFICERS                               | AND DIRECTO                           | RS IN 12              |
| TITLE                 | D   | ☐ DELETE           | 1.1 TITLE       |                      |   | <u></u>                                       | Change                                | ☐ Addition            |
| NAME                  | WACHTENHEIM, EUGENE   |                    | 1.2 NAME        |                      |   |   |                                       |                       |
|                       | 3250 S. OCEAN BLVD.   |                    | 1.3 STREET      | ADDRESS              |   |   |                                       |                       |
| STREET ADDRESS        |   |                    | 1.4 CITY-S      | 1                    |   |   |                                       |                       |
| CITY-ST-ZIP           | PALM BEACH FL 33480   | □ DELETE           | 2.1 TITLE       | 1-71                 | <del></del>   |   | ☐ Change                              | Addition              |
| TITLE                 | D   |                    | 2.2 NAME        |                      |   |   |                                       |                       |
| NAME                  | WACHTENHEIM, POLLY  |                    | 2.3 STREET      | ADDDESS              |   |   |                                       |                       |
| STREET ADDRESS        | 3250 S. OCEAN BLVD.   |                    |                 |                      |   |   |                                       | Ì                     |
| CITY-ST-ZIP           | PALM BEACH FL 33480   | DELETE             | 2.4 CITY-S      | T-ZIP                |   | N   | Change                                | Addition              |
| TITLE                 | ,   | € DECE IE          |                 |                      |   |   |                                       | _                     |
| NAME                  |   |                    | 3.2 NAME        |                      |   |   |                                       |                       |
| STREET ADDRESS        |   |                    | 3.3 STREE       | ADDRESS              |   |   |                                       |                       |
| CITY-ST-ZIP           |   |                    | 3.4. CITY-S     | T-ZIP                |   |   | Change                                | ☐ Addition            |
| TITLE                 |   | ☐ DELETE           | 4.1 TITLE       |                      |   | •   | Change                                | □ Vaginosi            |
| NAME                  |   |                    | 4.2 NAME        |                      |   |   |                                       |                       |
| STREET ADDRESS        |   |                    | 4.3 STREE       | ADDRESS              |   |   |                                       |                       |
| CITY-ST-ZIP           |   |                    | 4.4 CITY-S      | T-ZIP                |   |   |                                       |                       |
| TITLE                 |   | ☐ DELETE           | 5.1 TITLE       |                      |   |   | Change                                | ☐ Addition            |
| NAME                  |   |                    | 5.2 NAME        |                      |   |   |                                       |                       |
| STREET ADDRESS        |   |                    | 5.3 STREE       | F ADDRESS            |   |   |                                       |                       |
| CITY-ST-ZIP           |   |                    | 5.4 CITY-S      | T-ZIP                |   |   |                                       |                       |
| TITLE                 |   | ☐ DELETE           | 6.1 TITLE       |                      |   |   | ☐ Change                              | ☐ Addition            |
| NAME                  |   |                    | 6.2 NAME        |                      |   |   |                                       |                       |
| STREET ADDRESS        |   |                    | 6.3 STREE       | TADORESS             |   |   |                                       |                       |
| CITY-ST-ZiP           |   |                    | 6.4 CITY-S      | T-ZIP                |   |   |                                       |                       |
|                       |   |                    |                 |                      |   |   |                                       |                       |

Country

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: