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 # **P97000090767**1. Corporation Name

725 NORTH FEDERAL HIGHWAY, INC.

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90016 012 ***150.00



Principal Place of Business 28 N FEERAL HWY, 80YNTON BEACH R. 33455 29 Surface April 1922 1939 20 Surface April 29 Surface Appendix of Challed For 1922 1939 20 Surface April 29 Surface Appendix April 29 Surface Appendix April 29 Surface Applied For 1922 1939 20 Surface April 29 Surface April 29 Surface April 29 Surface April 29 Surface Applied For 29 Surface Ap								
RECERON, HWY BOYNTON BEACH FL 33455 TO NOT WRITE IN THIS SPACE 3. Date Incorporated of Clustified 10/22/1957 2. Principal Place of Business 2. Making Address 3. Date Incorporated of Clustified 10/22/1957 2. Principal Place of Business 2. Making Address 3. Date Incorporated of Clustified 10/22/1957 2. Principal Place of Business 3. Sulfa, Apt. 6, etc. 4. FEI Number 65-079578/5. Sulfa Pyr. 5. Not Applicable 65-079578/5. Sulfa Pyr. 5. Not Applicable 7. Country 7. Country 7. Country 8. Sulfa, Apt. 6, etc. 9. Sulfa, Apt. 6	Principal Place of Business Mailing Address							
DO NOT WRITE IN THIS SPACE	•							
2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified 10/22/1997 Applied For 10/22/1997								DO MOT MIDITE IN THIS OPAGE
10/22/1997 22 28 28 29 29 29 29 29								
Principal Place of Business 2a								
Suite, Apt. #, etc.	2 Principal Place of Rusiness			2. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. State State	<u> </u>			i. Mailing Address				
27	Suite, Apt. #. etc.							\$8.75 Additional
City & State City & Country City & City City &				ī				5. Certificate of Status Desired
Zip Country St. This coprollation lowes the current year intangility Personal Property Tax. Yes No.								6. Election Campaign Financing \$5.00 May Be
9. Name and Address of Current Registered Agent 10. Name and Address of Sections 607.0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. and accept the obligations of, Section 607.0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. Such changes was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. The familiar with, and accept the obligations of, Section 607.0502, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. 2 and accept the obligations of, Section 607.0502, Florids Statutes. SIGNATURE 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. 2 and accept the obligations of, Section 607.0502, Florids Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N1 2. TITLE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N1 2. Name 22. Name 23. STREET ADDRESS 24. OTH ST. 2P 14. OTH ST. 2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N1 2. Name 25. Name 25. STREET ADDRESS 26. OTH ST. 2P 17.	·							Trust Fund Contribution Added to Fees
9. Name and Address of Current Registered Agent LEMBO, MARGARET A 2610 N. FEDERAL HWY. BOYNTON BEACH FL 33435 13. Street Address (P.O. Box Number is Not Acceptable) 14. Pursuant to the provisions of Sections 607.0502 and 607.1508. Floridal Statutes, the aboven-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0502. Floridal Statutes, the aboven-named corporation submits this statement for the purpose of changing its registered agent, a	Zip	Country		Zip Country				· · · · · · · · · · · · · · · · · · ·
LEMBO, MARGARET A 2610 N. FEDERAL HWY. BOYNTON BEACH FL 33435 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City	24				30			1 Gradian Froporty Tax.
LEMBO, MARGARET A 2810 N. FEDERAL HWY. BOYNTON BEACH FL 33435		9. Name and Address of Curre	nt Regis	tered Agent		0.4	<u> </u>	10. Name and Address of New Registered Agent
2610 N. FEDERAL HWY. BOYNTON BEACH FL 33435 82 Street Address (P. D. BOX Number is Not Acceptable) 83 Street Address (P. D. BOX Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the opporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or prested name of registered agent and tiller it application. MACE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. HB/BD, MARGARET A 12. NAME 12. NAME 13. STREET ADDRESS 11. TITLE 14. TITLE 15. TITLE 16. Change Addition 17. ST. ZIP 1	1 544	PO MADCADET A				51	Name	
BOYNTON BEACH FL 33435 84 City FL 85 Zip Code							Street Addres	ss (P.O. Box Number is Not Acceptable)
### Page Page					},	D2	,	·
11. Pursuant to the provisions of Sections 607 (502) and 607 (508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the Status of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signatur, typed or primed name of registered agent agent and disk if approache (NOTE: Registered Agent agenture required when narrativing) DATE	БОП	INTON BEACHTE SS405			1	0.3		
11. Pursuant to the provisions of Sections 607 (502) and 607 (508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607 (505, Florida Statutes. SIGNATURE					1	84	City	FI 85 Zip Code
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. In fereby adoptin the appointment as registered agent, or both, in the Obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, Nyed or pivited name of registered agent and title if applicable. (NOTE: Registered Agent spirature required when resistating) DATE	11 Pursuant i	to the provisions of Sections 607.05	02 and 6	07.1508. Florida Statut	es, the ab	l_ ove-r	named corpor	ration submits this statement for the purpose of changing its registered
SIGNATURE Signature, typied or printed name of registered agent and dies if applicable NOTE. Registeried Agent signature required when reinstiting) DATE	office or re	egistered agent, or both, in the State	e of Florid	ia. Such change was a	uthorized	by th	ne corporation	's board of directors. I hereby accept the appointment as registered
Company Comp	•	m familiar with, and accept the oblig	ations or,	, Section 607.0303, Fio	inua Statui	es.		
12.	SIGNATURE	Signature, typed or printed name of registered ag	ent and title	if applicable. (NOTE	: Registered A	gent s	signature required v	when reinstating) DATE
ILEMBO, MARGARET A	12.	OFFICERS A	ND DIRE	CTORS	13.			
STREET ADDRESS 2610 N. FEDERAL HWY. 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	TITLE	DP		□ DELETE	1.1 TITL	F		☐ Change ☐ Addition I
STREET ADDRESS CITY-ST-ZIP DELETE Change Addition	NAME	LEMBO MADOADET A				_		,
TITLE NAME STREET ADDRESS CITY. ST. ZIP TITLE DELETE AL CITY. ST. ZIP TITLE TITLE AL CITY. ST. ZIP TITLE AL CITY. ST. ZIP TITLE STREET ADDRESS CITY. ST. ZIP TITLE STREET ADDRESS CITY. ST. ZIP TITLE AL CITY. ST. ZIP TITLE STREET ADDRESS CITY. ST. ZIP TITLE AL CITY. ST. ZIP TITLE STREET ADDRESS CITY. ST. ZIP TITLE AL CITY. ST. ZIP AL CITY. ST. ZIP TITLE AL CITY. ST. ZIP AL CITY. ST. ZIP AL CITY. ST. ZIP AL CITY. ST. ZIP TITLE AL CITY. ST. ZIP		LEMBU, MAKGAKET A		□ bett./2	1.2 NAM			
NAME	STREET ADDRESS	2610 N. FEDERAL HWY.		_ vere , z		Æ	NODRESS	, genarge Court
STREET ADDRESS 2.3 STREET ADDRESS	-	2610 N. FEDERAL HWY.			- 1.3 STR	ME REET AL		
CITY-ST-ZIP	CITY-ST-ZIP	2610 N. FEDERAL HWY.			1.3 STR	ME REETAL V-ST-2		
TITLE	CITY-ST-ZIP TITLE	2610 N. FEDERAL HWY.			1.3 STR 1.4 C(T) 2.1 TITL	ME REETAI V-ST-2 E		
NAME STREET ADDRESS CITY-ST-ZIP 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE A.2 NAME 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE DELETE 5.1 TITLE S.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE S.3 STREET ADDRESS CITY-ST-ZIP TITLE S.4 CITY-ST-ZIP TITLE S.5 NAME STREET ADDRESS CITY-ST-ZIP TITLE S.5 NAME SAME SAME SAME SAME SAME SAME SAME S	CITY-ST-ZIP TITLE NAME	2610 N. FEDERAL HWY.			1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM	AE REETAI Y-ST-2 LE AE	ZIP	☐ Change ☐ Addition
STREET ADDRESS 33 STREET ADDRESS 34 CITY-ST-ZIP	CITY-ST-ZIP TITLE NAME STREET ADDRESS	2610 N. FEDERAL HWY.		☐ DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT	AE EET AI Y-ST-2 E AE EET AI Y-ST-1	ZIP	☐ Change ☐ Addition
CITY-ST-ZIP	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	2610 N. FEDERAL HWY.		☐ DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAA 2.3 STR 2.4 GIT 3.1 TITL	ME Y-ST-Z E ME REET AM Y-ST-	ZIP	☐ Change ☐ Addition
NAME	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	2610 N. FEDERAL HWY.		☐ DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA	AE EETAL Y-ST-Z EETAL Y-ST-Z EETAL Y-ST-Z	ZIP NODRESS - ZIP	☐ Change ☐ Addition
NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE- NAME STREET ADDRESS CITY-ST-ZIP TITLE- NAME STREET ADDRESS CITY-ST-ZIP TITLE- STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	2610 N. FEDERAL HWY.		☐ DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR	AE REET AI Y-ST-2 E REET AI Y-ST-1 E AE	ZIP ADDRESS - ZIP ADDRESS	☐ Change ☐ Addition
STREET ADDRESS	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	2610 N. FEDERAL HWY.		☐ DELETE	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TIFL 3.2 NAA 3.3 STR 3.4 CIT	ALE REET AL	ZIP ADDRESS - ZIP ADDRESS	Change Addition
A4 CITY-ST-ZIP	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	2610 N. FEDERAL HWY.		☐ DELETE	1.3 STR 1.4 CIT) 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL	AE	ZIP ADDRESS - ZIP ADDRESS	Change Addition
TITLE* DELETE \$1.1TTLE Change Addition NAME \$2.NAME \$3.5TREET ADDRESS \$3.5TREET ADDRESS \$4.CITY-ST-ZIP \$4.CITY-ST-ZIP Change Addition TITLE DELETE \$1.1TTLE Change Addition	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	2610 N. FEDERAL HWY.		☐ DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM	AE EET AI FEET AI EEET AI	ZIP ADDRESS ZIP ADDRESS ADDRESS	Change Addition
NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	2610 N. FEDERAL HWY.		☐ DELETE	1.3 STR 1.4 CIT) 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAI 4.3 STR	AE EEET AI EEET AI E AE EEET AI E EEET AI EEET AI EEET AI EEET AI EEET AI	ZIP NODRESS -ZIP ADDRESS -ZIP ADDRESS	Change Addition
STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE SANAME Change Addition of the control of the cont	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	2610 N. FEDERAL HWY.		☐ DELETE	1.3 STR 1.4 CIT) 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CIT	AE REET AI FEET AI REET AI	ZIP NODRESS -ZIP ADDRESS -ZIP ADDRESS	Change Addition Change Addition Change Addition
CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition	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 TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	2610 N. FEDERAL HWY.		☐ DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAA 4.3 STR 4.4 CITY 5.1 TITL 5.1	AE EEET AI EEET AI EEET AI EEET AI EEET AI Y-ST- E ME ME ME ME ME ME ME ME ME	ZIP NODRESS -ZIP ADDRESS -ZIP ADDRESS	Change Addition Change Addition Change Addition Change Addition
TITLE DELETE 6.1 TITLE Change Addition	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE- NAME	2610 N. FEDERAL HWY.		☐ DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.2 NAA 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAA	ME MEET AL FEET AL MEET AL	ZIP ADDRESS ADDRESS -ZIP ADDRESS ZIP	Change Addition Change Addition Change Addition Change Addition
CAMANIC	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE- NAME STREET ADDRESS	2610 N. FEDERAL HWY.		☐ DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 4.4 CITY 5.1 TITL 5.2 NAA 5.3 STR	ME EET AL EET	ZIP ADDRESS ADDRESS ADDRESS ZIP ADDRESS	Change Addition Change Addition Change Addition Change Addition
INVANIE	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE- NAME STREET ADDRESS CITY-ST-ZIP TITLE- NAME STREET ADDRESS CITY-ST-ZIP	2610 N. FEDERAL HWY.		☐ DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.2 NAA 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAA 5.3 STR 5.4 CITY 5.4 CITY 5.4 CITY 5.5 CITY 5.5 CITY 5.5 CITY 5.5 CITY 5.6 CITY 5.7 C	ME EET AL VY-ST-2 E ME EEET AL EET	ZIP ADDRESS ADDRESS ADDRESS ZIP ADDRESS	Change Addition Change Addition Change Addition Change Addition
STREET ADDRESS 6.3 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	2610 N. FEDERAL HWY.		☐ DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAA 2.3 STR 2.4 CITY 3.1 TITL 3.2 NAA 3.3 STR 3.4 CITY 4.1 TITL 4.2 NAA 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAA 5.3 STR 5.4 CITY 6.1 TITL 6.1	ME MEET AI V-ST-2 E ME	ZIP ADDRESS ADDRESS ADDRESS ZIP ADDRESS	Change Addition Change Addition Change Addition Change Addition

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 changed, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE: