PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90176 030 ***150.00

1999 DOCUMENT # P9700091018

Principal Place 1900 CORPORA SUITE 400 EAST BOCA RATON F US	e of Business TE BLVD T L 33431 ace of Business	Mailing Address 1900 CORPORATE BLVD SUITE 400 EAST BOCA RATON FL 33431 US 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State				DO NOT WRITE 3. Date Incorporated or Qualifed 10/21/1997 4. FEI Number 65-0791809 5. Certifcate of Status Desired 6. Election Campaign Financing		SPACE App Not \$8.75 Ac Fee Rec \$5.00 M	lied For Applicable Iditional juired
Zip	Zip Country Zip			ntry	<u> </u>	8. This corporation owes the curre Personal Property Tax.	nt year Inta		□No
24	9. Name and Address of Current		30]			10. Name and Address of New Re	gistered /	Agent	
SIEGEL, RONALD L ESQ 1800 CORPORATE BOULEVARD NORTHWEST					Name Street Address	ss (P.O. Box Number is Not Acceptab			
SUITE 302 BOCA RATON FL 33431				83				;	:
				84	City		FI	85 Zip C	ode '
office or re agent, I ar SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of registered agent.	Florida. Such change was a ons of Section 607.0505, Flo	uthonzed orida Statu	by tr ites.	-named corpor he corporation signature required v	s board of directors. I hereby accept	DATE DATE	unen as reg	
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE NAME STREET ADDRESS	D KHACHATRIAN, GARY 10393 185TH STREET SOUTH BOCA RATON FL 33498	☐ DELETE	1.1 TITI 1.2 NAJ 1.3 STF 1.4 CIT	ME REET A	ADDRESS	,		Change	Addition
CITY-ST-ZIP TITLE NAME	BOCK RATON TC 33496	☐ D€LETE	2.1 TITT	ιE	-211			Change	Addition
STREET ADDRESS		-	2.3 STT		ADORESS -				
TITLE NAME STREET ADDRESS		☐ DELETE	3.1 TITI 3.2 NA 3.3 ST	ME	ADDRESS			☐ Change	☐ Addition l
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CIT 4.1 TIT		-ZIP			Change	Addition
NAME STREET ADDRESS				REET A	ADDRESS				
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETÉ		LE ME REET#	ADDRESS			Change	Addition
CITY-ST-ZIP TITLE NAME		☐ DELETE	5.4 CIT 6.1 TIT 6.2 NA	LE ME				Change	Addition
STREET ADDRESS	•		6.3 ST		ADDRESS - 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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:



323-9

861-445-773

Daytime Phone #

-- CR2E034 (11/98)