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 # P9700096558

FT. LAUDERDALE FL 33311-4132

Enneipai Piace	of Business	Mailing Address		
3241 N 36TH STREET HOLLYWOOD FL 33021		3241 N 36TH STREET HOLLYWOOD FL 33021		
2. Principal Pla	ce of Business	2a. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
22		27		
City & State		City & State		
23		28		
	O	Zip	Count	hrv.
Zip	Country	Eip		,
Zip 24	25	29	30	

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90195 006 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/12/1997 4. FEI Number Applied For 65-0807872 Not Applicable \$8.75 Additional 5. Certifcate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible

	84	City		EI	85	Zip Code
	83			_		
	82	Street Addre	ess (P.O. Box Number is No	ot Acceptable)		
	81	Name			-	
			10. Name and Address	of New Registered A	gent	
30			Personal Property Ta	IX.	∐ Ye	s UNo

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 office or 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN									
TITLE	D DELETE	1,1 TITLE		hange	Addition				
NAME	WEINSTEIN, ALLEN	1.2 NAME							
STREET ADDRESS	3241 N 36TH STREET	1.3 STREET ADDRESS							
CITY-ST-ZIP	HOLLYWOOD FL 33021	1.4 CITY-ST-ZIP	•						
TITLE	☐ DELETE	2.1 TITLE		hange	☐ Addition				
NAME		2.2 NAME	•		}				
STREET ADDRESS		2.3 STREET ADDRESS							
CITY-ST-ZIP		2. 4 CITY-ST-ZIP							
TITLE	DELETE	3.1 TITLE		Change	☐ Addition				
NAME	THE TOTAL OF LAND AND ADDRESS OF THE STATE O	3.2 NAME	ريا <u>نيني</u> و ايان د ال حميد ميجينيد. -						
STREET ADDRESS		3.3 STREET ADDRESS							
CITY-ST-ZIP		3.4. CITY-ST-ZIP							
TITLE	☐ DELETE	4.1 TITLE		Change	☐ Addition				
NAME		4. 2 NAME							
STREET ADDRESS		43 STREET ADDRESS	,						
CITY-ST-ZIP		4.4 CITY-ST-ZIP		.,					
TITLE	DELETE	5.1 TITLE	Пс	Change	☐ Addition				
NAME		52 NAME							
STREET ADDRESS		5.3 STREET ADDRESS			ľ				
CITY-ST-ZIP		5.4 CITY-ST-ZIP		<u> </u>					
TITLE	☐ DELETE	6.1 TITLE		Change	☐ Addition				
NAME		6.2 NAME	•		Ì				
STREET ADDRESS		6.3 STREET ADDRESS			{				
CITY-ST-ZIP		64 CITY-ST-ZIP	0 11 110 07(0)(0) Fi 11 01 11 11 11 11 11 11 11 11 11 11 11						

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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/94 914-295 4774

~2E034 (11/98)