Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90129 045 \*\*\*150.00

## FILE NOV 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 #

1. Corporation Name

Principal Place	STREET	Ma 491	iling Address 2 ARTHUR STREET			
HOLLLYWOOD FL 33021 HOLLLYWOOD FL 33021						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						11/26/1997
2. Principal Place of Business			2a. Mailing Address			4. FEI Number Applied For
21			1			APPLIED-FOR- 65-0871448   Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			\$8.75 Additional
22			<u> </u>			5. Certificate of Status Desired Fee Required
City & State			City & State			6. Election Campaign Financing \$5.00 May Be
23						Trust Fund Contribution Added to Fees
Zip			Zip Country		try	This corporation owes the current year Intangible
24	25	25 29 30		30		Personal Property Tax.
	9. Name and Address of Currer	ıt Regist	ered Agent		NAT 10	10. Name and Address of New Registered Agent
i					B1 Name	Richard Altman
FILINGS, INC.				<u> </u>	82 Street Ad	dress (P.O. Box Number is Not Acceptable)
3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132				1	<u> </u>	112 AIMIN DIVECTE
, FI. 1	AUDERDALE PL 33311-4132				83	·
					84 City	10(1)/Wood FL 85 33002
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 AN			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		☐ DELETE	1.1 TITL	E	☐ Change ☐ Addition
NAME	ALTMAN, RICH		1.2 NAM	Œ		
STREET ADDRESS			1.3 STREET ADDRESS		EET ADDRESS	
CITY-ST-ZIP			1.4 CIT	(-ST-ZIP		
TITLE		☐ DELETE 2.1 T		2.1 TITL	E	Change Addition
NAME				2.2 NA	AE \	
STREET ADDRESS				2.3 STF	EET ADDRESS	A second of the
CITY-ST-ZIP				2. 4 CIT	Y-ST-ZIP	
TITLE			☐ DELETE	3.1 TITI	E	☐ Change ☐ Addition
NAME				3.2 NA	1E	'
STREET ADDRESS				3.3 STF	EET ADDRESS	
CITY-ST-ZIP				3.4. СП	Y-ST-ZIP	
TITLE			☐ DELETE	4.1 TITS	E	☐ Change ☐ Addition
NAME				4. 2 NA	ME	
STREET ADDRESS				4.3 STF	EET ADDRESS	
CITY-ST-ZIP				4.4 CIT	Y-ST-ZIP	
TITLE			☐ DELETE	5.1 TITI	.E	☐ Change ☐ Addition
NAME				5.2 NAI	AE .	,
STREET ADDRESS				5.3 STF	EET ADDRESS	
CITY-ST-ZIP				_	/-ST-ZIP	·
TITLE			□ DELETE	6.1 TITI	.ε	☐ 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

C!TY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR