

**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

FULL  
CLERK OF STATE  
DIVISION OF CORPORATIONS

99 JUL 26 PM 1:04



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1997

4. FEI Number

65-0805808

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

25

Zip

Country

30

9. Name and Address of Current Registered Agent

WIENER, DAVID J  
1400 CENTREPARK BOULEVARD  
SUITE 1400  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
2401 PGA Boulevard

83 Suite 280

84 City  
Palm Beach Gardens

FL

85 Zip Code  
33410

In 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

2-7-99

DATE

2. **OFFICERS AND DIRECTORS**

NOTE: Registered Agent signature required when resigning

1. TITLE ☐ DELETE

NAME PRESTON, JOHN S

STREET ADDRESS C/O 2401 PGA BOULEVARD #280

TY-ST-ZIP PALM BEACH GARDENS FL 33410

1. TITLE ☐ DELETE

NAME GREEN, ROBERT S

STREET ADDRESS C/O 2401 PGA BOULEVARD #280

TY-ST-ZIP PALM BEACH GARDENS FL 33410

1. TITLE ☐ DELETE

NAME

STREET ADDRESS

TY-ST-ZIP

1. TITLE ☐ DELETE

NAME

STREET ADDRESS

TY-ST-ZIP

1. TITLE ☐ DELETE

NAME

STREET ADDRESS

TY-ST-ZIP

1. TITLE ☐ DELETE

NAME

STREET ADDRESS

TY-ST-ZIP

1. TITLE ☐ DELETE

NAME

STREET ADDRESS

TY-ST-ZIP

1. TITLE ☐ DELETE

NAME

STREET ADDRESS

TY-ST-ZIP

1. TITLE ☐ DELETE

NAME

STREET ADDRESS

TY-ST-ZIP

13. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME DP

1.3 STREET ADDRESS 000002943310--9

1.4 CITY-ST-ZIP -07/27/99--01076--002

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME VPST

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME COHEN, PETER F.

3.3 STREET ADDRESS 2851 JOHN STREET, SUITE ONE

3.4 CITY-ST-ZIP MARKHAM, ONTARIO, CANADA L3R5R7

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME DVPAS

4.3 STREET ADDRESS BERNICK, LARRY

4.4 CITY-ST-ZIP 2401 PGA BOULEVARD, SUITE 280

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 assignment with an address, with all other like empowered.

SIGNATURE:

2-7-99

561-624-9500