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 # P9800003664

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90019 042 ***150.00

Principal Place 811 W. PROSPI OAKLAND PARI	e of Business ECT RD.	Mailing Address 811 W. PROSPECT RD. OAKLAND PARK FL 33309		DO NOT WRITE IN THE 3. Date Incorporated or Qualifed 01/12/1998	
2. Principal P	lace of Business	2a. Mailing Address	T	4. FEI Number	Applied For
21 138	6 NLS lerrac	26 4336 NE 5 Suite, Apt. #, etc.	lenge	65.080794)	Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	27 Suite, Apr. #, etc.		5. Certifcate of Status Desired	Fee Required
City & Stat	f 10 1/ α	City & State		6. Election Campaign Financing	\$5.00 May Be
	land Porth, H.	28 Oakland fart H	Country	Trust Fund Contribution	Added to Fees
Zip 3333	Country 25 USA	Zip 33334 34		 This corporation owes the current year to Personal Property Tax. 	Yes No
24 3333	9. Name and Address of Curre		0, 0317	10. Name and Address of New Registere	
	5. Hamo and Haaroos of Same		81 Name		
-811 - O AK	:RO, ROBERT -W. Prospect RD (Land-Park FL 33309		83 City (2)	ress (P.O. Box Number is Not Acceptable) AC VES Test How land	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	of Florida, Such change was auti	honzed by the corporati	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered sointment as registered
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE: R	egistered Agent signature require	od when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	014	☐ DELETE	1,1 TITLE		☐ Change ☐ Addition
NAME	/ there. Kalber				
	C CAT C		1.2 NAME		ļ
STREET ADDRESS	Libero, Robert 4326 N.C. 5th Test.		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	4326 NE 5th Terr. Ochland Part, FL 33334	Floriste	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		Change Addition
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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:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR