PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90045 048 ***150.00

	1000				
DOCU	MENT # P98000	004251			
11 00.,00	DOMBROW, P.A.				
Principal Plac	ce of Business	Mailing Address		I IDOELOGY IIR EDING VOUIL BODIN ORANI ORANI ORANI EKIKO NIMBU KINDA KIKU HODA	
,		3601 W. COMMERCIAL BLV	n		
SUITE #5	MERCIAL BLVD.	SUITE #5	υ.		
FT. LAUDERDA	ALE FL 33309	FT, LAUDERDALE FL 33309		DO NOT WRITE IN THIS SPACE	٦.
Ì				3. Date Incorporated or Qualifed	
<u> </u>				01/14/1998	1
2. Principal Place of Business 21 5434 W Sam ole Rd 26 5434 W			Sample Fil	2 4. FEI Number 59-348 8691 Applied For Not Applicable	}
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	, , , -	5 Continue of Status Desired S8.75 Additional	
22 #	239	27 # 239		ree required	1
City & Star	te C/	City & State /	CI	6. Election Campaign Financing \$5.00 May Be	
23 //	Reg ATE + L	28 MARGATE	Country	Trust Fund Contribution Added to Fees	1
21p 33d	073 25 Blow Ares	33073	30 BROWAR	8. This corporation owes the current year Intangible Personal Property Tax.	
24) .990	9. Name and Address of Current		SU PORTE	10. Name and Address of New Registered Agent	1
			81 Name		1
DON	MBROW, ALLAN		82 Street A	dress (P.O. Box Nymber is Not Acceptable)	1
3601 W. COMMERCIAL BLVD.				U34 W. SAMPLERS	ſ
SUITE # 5 83			# >3.9		
ff.	LAUDERDALE FL 33309		84 City	R51 Zin Code	ł
],		·	<i> </i>	MARGALE FL 33073	
41. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named of thorized by the corpor	orporation submits this statement for the purpose of changing its registered	i
agent la	im familiar with, and areept the obligati	ons of, Section 607.0505, Flori	da Statutes.	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	_ Hours	- Jugur	A レレ	AN DOMBROW 11/199	١.
12.	Signature, typed or printermed of registered agent OFFICERS AND		Registered Agent signature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	E034 (11/98)
TITLE	D OFFICERS AND	DELETE	1.1 TITLE	S , ⊠Change ☐ Addition	13
NAME	DOMBROW, ALLAN		1.2 NAME	ALLAN DOMBROW	¾
STREET ADDRESS		SUITE #5	1.3 STREET ADDRESS	5434 W. Sample Rd # >36	🖺
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		1.4 CITY-ST-ZIP	Marcale F1 33073	
TITLE	٠,	☐ DELETE	2.1 TITLE	Change Addition	0
NAME			22 NAME	ļ	
STREET ADDRESS			23 STREET ADDRESS		l
CITY-ST-ZIP_			2.4 CITY-ST-ZIP		ł
ITILE	}	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
-NAME	· ·	•	3.2 NAME -		1
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition	1
NAME			4.2 NAME		
STREET ADORESS	}		43 STREET ADDRESS	-	{
CITY-ST-ZIP			44 CITY-ST-ZIP		
TIRE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition)
NAME			5.2 NAME	•	1
STREET ADDRESS	1		5.3 STREET ADDRESS		}
CTTY-ST-ZIP	}		5.4 CITY-ST-ZIP	•	}
TITLE		☐ DELETE	6.1 TILE	☐ Change ☐ Addition	1
NAME	}		62 NAME		}
STREET ADDRESS			6.3 STREET ADDRESS		l
			8.4 CTTY-ST-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:

SIGNATURED POOLITIED

4/11/99

954-155-0725 Daytime Phone #