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 # P98000013068

1. Corporation Name

	Country	Zip 29	30	ountry		8
City & State		City & 5	State			6
Suite, Apt. #, etc.		Suite, A	.pt. #, etc.			
2. Principal Place of Business 21		2a. Mailing 26	Address			4
						3
22448 SEA BASS DRIVE BOCA RATON FL 33428	22448 SEA BASS DRIVE BOCA RATON FL 33428					
Principal Place of Business		Mailing Add	dress			

FILED May 11, 1999 8:00 am Secretary of State

05-11-1999 90040 008 ***150.00



BOCA RATON F			CA RATON FL 33428				
							DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed
							02/10/1998
⊢ '	ace of Business	├	Mailing Address				4. FEI Number Applied For
21		26			_		65-001-7-66 Not Applicable
Suite, Apt. :	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	9		City & State				6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
Zip	Country		Zip	Country	/		This corporation owes the current year Intangible
24	25	29		30			Personal Property Tax. ☐ Yes Y No
	9. Name and Address of Curr	ent Regis	tered Agent		_		10. Name and Address of New Registered Agent
ANAEI	DII AWAYED			81		Name	
	rilawyer Almeria avenue			82	:	Street Addre	ess (P.O. Box Number is Not Acceptable)
COR	AL GABLES FL 33134			83	+		
				84	+	City	FI 85 Zip Code
44 Pureuant	to the provisions of Sections 607 0	502 and 6	07 1508 Florida Statute	s the abov	<u></u>	named corpo	i h i h i h i h i h i h i h i h i h i h
office or re	egistered agent, or both, in the Stat	te of Floric	la. Such change was au	thorized by	th	ne corporation	oration submits this statement for the purpose of changing its registered in s board of directors. I hereby accept the appointment as registered
agent. Lar			Section 607.0505, Flori	da Statutes	5.	•	
SIGNATURE	Signature, typed or printed name of registered a	nent and title	f applicable (NOTE: I	Registered Age	nt s	signature required	when reinstation) DATE
12.	OFFICERS /		<u>''</u>	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD		☐ DELETE	1.1 TITLE			Change Addition
NAME	KOKOTOFF, PHILIP			1.2 NAME			
STREET ADDRESS	22448 SEA BASS DRIVE			1.3 STREE	TΑ	ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428			1.4 CITY-S			
TITLE	STD		☐ DELETE	2.1 TITLE			Change Addition
NAME :	KOKOTOFF, DEBRA			2.2 NAME		}	
STREET ADDRESS	22448 SEA BASS DRIVE		•	2.3 STREE	ΤA	ADORESS	
CITY-ST-ZIP	BOCA RATON FL 33428			2. 4 CITY-	ŠT-	-ZIP	
TITLE			☐ DELETE	3.1 TITLE	-		☐ Change ☐ Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREE	T A	ADDRESS	
CITY-ST-ZIP				3.4. CITY-5	ST.	. ZIP	
TITLE			☐ DELETE	4.1 TITLE			Change Addition
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREE	ΤA	ADDRESS	
CITY-ST-ZIP				4.4 CITY- S	ST-:	ZIP	
TITLE			☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREE	T.A	ADDRESS	
CITY-ST-ZIP				54 CITY-S	ST	ZIP	
TITLE			☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME				62 NAME			
STREET ADDRESS				6.3 STREE	T A	ADDRESS	

CITY-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.

6.4 CITY-ST-ZIP