PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

Mar 03, 1999 8:00 am Secretary of State

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03-03-1999 90069 033 ***150.00

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SURFSIDE FL 3	13154	SUI	RFSIDE FL 33154				Ì	DO	NOT WRITE	E IN THIS S	PACE		
}							3	. Date incorporated o	r Qualifed		-]
								02/19/1998			·		
2. Principal Pl	ace of Business	28.	Mailing Address				4	FEI Number / 5	- ORS	5595	~	died For	}
21		26										Applicable.	1
Suite, Apt.	#, etc.	\vdash	Suite, Apt. #, etc.				5	. Certificate of Status	Desired		\$8.75 A		ł
22 City R State		27	City & State					Election Campaign	Financing		\$5:00	` 	
23 City. &: State		28						Trust Fund Contribu			Added to	•	
Zip	Country	1	Zip	Cou	untry		8	. This corporation ow	es the curre]
24	25	29	29 30					Personal Property T				□No	1
	9. Name and Address of Curren	t Regist	tered Agent		81	Name	10	Name and Address	of New Re	egistered A	gent	,	1
-TOH	TE: MELVYN				"	Name		5Ther	<u>~ ~ ~</u>	per.	<u>57 cc</u>	<u>^</u>]
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	HARBOR ISLANDS FL 33154				83	119	<u>, o</u>	VCP) AC		<u></u>	, <u>, , , , , , , , , , , , , , , , , , </u>		1
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<u> </u>					84	CityBa	h	HARBOI	_	FL		573.4	}
11. Pursuant	to the provisions of Sections 607,050; egistered agent, or both, in the State in familiar with, and accept the obliga-	2 and 60	07.1508, Florida Statutes	the a	bove-	named co	omeration	on submits this statem	ent for the p	urpose of ch	ranging its i	registered istered	
agent. I a	m familiar with, and accept the obliga-	Di Piolio	Section 807.0505, Florid	a Stat	tutes.	ile coi pora	auo. 1 a c	coard of directors.	. 40, 4000			, +	l
SIGNATURE	an ILas	1				agnature requ				DATE			
12.	Signature, typid or printed frame of registered after OFFICERS AN	D DIRE		13.	0 -00-11	agranar (ap.		ADDITIONS/CHANG	ES TO OFF		DIRECTO	RS IN 12	86
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STREET ADDRESS	7-1		1.35	1.3 STREET ADDRESS								Ж	
CITY-ST-ZIP	SURFSIDE FL 33154	<u> </u>		TY-ST-	ZP					Change	Addition	CR2E034 (11/98)	
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NAME				3.2 N	ME	{							
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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.

6.3 STREET ADDRESS

6,4 CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR