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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90073 029 ***150.00

DOCUMENT # P98000020579

1. Corporation Name

CITY-ST-ZIP

NAME :::

STREET ADDRESS

CITY-ST-ZIP

TITLE

Principal Place of Business	Mailing Address						
2109 N 14TH AVENUE	2109 N 14TH AVENUE						
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020							
• •				DO NOT WRIT	E IN THIS	SPACE	
				3. Date Incorporated or Qualifed 03/02/1998			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number			Applied For
21				161400530	· · · · · · · · · · · · · · · · · · ·		Not Applicable
Suite, Apt. #, etc. :	Suite, Apt. #, etc.			5. Certifcate of Status Desired		•	Additional Required
City & State	City & State			6. Election Campaign Financing		\$5.0	0 May Be
23	28			Trust Fund Contribution			d to Fees
Zip · Country	Zip	Country		8. This corporation owes the curre	ent year Inta		_
24 25	29 1 30	ol		Personal Property Tax.		Yes	□No
9. Name and Address of Current R	legistered Agent		T	10. Name and Address of New R	egistered /	gent	
MELAND & RUSSIN, P.A.	•	81	Name				. [
200 S BISCAYNE BLVD			82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 2420		83		<u> </u>			
MIAMI FL 33131		53	Ì				
,		84	City		FL	85 Zi	ip Code
11. Pursuant to the provisions of Sections 607.0502 a	and 607.1508, Florida Statutes	, the above	e-named cor	poration submits this statement for the		changing	its registered
Pursuant to the provisions of Sections 607.0502 a office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation SIGNATURE Signature, typed or printed name of registered agent are	nd title if applicable. (NOTE: Re	egistered Agen		red when reinstating)	purpose of the appoint		
agent, I am familiar with, and accept the obligation SIGNATURE Signature, typed or printed name of registered agent are 12. OFFICERS AND	nd title if applicable. (NOTE: Re	egistered Agen	nt signature requi	red when reinstating) ADDITIONS/CHANGES TO OFF	purpose of the appoint	D DIREC	TORS IN 12
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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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

Change