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

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90021 041 ***150.00

1. Corporation	MENT # P98000(DINGS, INC.	025009			
Principal Place	e of Business	Mailing Address		I IMBILITATI SIN ININI SULEI OBSIL NOVICE DALLI COLID	ILANI EILIT ANIIL ANIIL ANIIL IN IL
•	NT LANE STE 22	3640 INVESTMENT LANE STE	22		
WEST PALM BEACH FL 33404 WEST PALM BEACH FL 3340					
				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	
		7.7.		03/17/1998	1 1 1 1 1 1 1 1 1
	ace of Business	2a. Mailing Address		4. FEI Number 65–0835781	Applied For
21)		26	<u></u>	02-0022101	\$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required
22 City B Ctat		27 City & State			\$5.00 May Be
City & State	3	-		6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Int	
·	25		50		ytyrYes □No
24	9. Name and Address of Current	_1		10. Name and Address of New Registered	43.43
	9. Hame and Address of Current	Negistered Agent	81 Name p	1	
GRABLE, PETER			1 1	CHARD MEISTER	
804 NO OLIVE AVE			82 Street Add	dress (P.O. Box Number is Not Acceptable) INVESTMENT LANE BAY #	22
WEST PALM BEACH FL 33401			83	INVESTMENT DANE DAT #	
			84 City	PALM BEACH. FL	85 Zip Code
WÉST PALM BEACH, FL 33404					
11. Pursuant to the provisions of Sections 607 000 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with a decrease of the appointment as registered agent. I am familiar with a decrease of the appointment as registered agent. I am familiar with a decrease of the appointment as registered agent. I am familiar with a decrease of the appointment as registered agent. I am familiar with a decrease of the appointment as registered agent. I am familiar with a decrease of the appointment as registered agent. I am familiar with a decrease of the appointment as registered agent. I am familiar with a decrease of the appointment as registered agent. I am familiar with a decrease of the appointment as registered agent. I am familiar with a decrease of the appointment as registered agent. I am familiar with a decrease of the appointment and the appointment as registered agent.					
agent. I a	m familiar with, and accept the bligati	ons of Section 607.0505, Florid	la Statutes.		1000
SIGNATURE	Lund Me	RICHARD	MEISTER	PRESIDENT JANUARY /	, 1999
· · · · · ·	Signature, typed or printed name of registered agent		Registered Agent signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 12
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	☐ Change ☐ Addition
TITLE	PD DICHARD	□ DELETE			
NAME	MEISTER, RICHARD	a	1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33404	OCUETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	VD	☐ DELETE	2.1 TITLE		
NAME	HERTZ, KENNETH	_	2.2 NAME		
STREET ADDRESS	3640 INVESTMENT LANE STE 22		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33404		2. 4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		Change . Addition
NAME	HERTZ, ANN		3.2 NAME	,	
STREET ADDRESS	3640 INVESTMENT LANE STE 2	2	3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33404		34. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		`
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	•	
STREET ADDRESS			5.3 STREET ADDRESS		\
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change : ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		ļ
J AUDINESS			64 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, ocon an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD MEISTER PRESIDENT 01/07/99'

561-848-5326