PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000026949

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90019 010 ***150.00

Principal Place	A Of Business	Mailing Address							
ļ ·		1815 GRIFFIN RD. S	TF 200						
1815 GRIFFIN RD. STE 203- Dania Fl. 33004 1815 GRIFFIN RD. STE 203- Dania Fl. 33004			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
							NTE IN THIS	SPACE	
						3. Date Incorporated or Qualife 03/23/1998	u		
2. Principal P	face of Business	2a. Mailing Address				4 FFI Number		I Ap	plied For
21		26	-			65-082141	/	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	tc.		_	5. Certifcate of Status Desired		\$8.75	Additional
22		27				5. Certificate of States Desired	_ 	· Fee Re	quired
City & State	θ	City & State				6. Election Campaign Financing	' _	\$5.00	
		Zip		עשות		Trust Fund Contribution		Added t	o rees
Zip 24	Country	29	30	u y		This corporation owes the cu Personal Property Tax.	ment year inte	∏ Yes	□No
24	9, Name and Address of Curre		1301	7		10. Name and Address of New	Registered		
	,	7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		81	Name				
	LACK, GEORGE			82	Street Addre	ess (P.O. Box Number is Not Accep	table)		-
1815 GRIFFIN RD, STE 203				<u> </u>	<u> </u>	_			
DAN	IA FL 33004			83					
1				84	City		FL	85 Zip C	Code
44 Pursuant	to the armysions of Sections 607.05	502 and 607.1508. Florida	Statutes, the 8	DOV6-	named corpo	ration submits this statement for th	e purpose of	changing its	registered
11. Pursuant office or r agent. i a	to the provisions of Sections 607.05 registered agent, or both, in the Statt m familiar with, and accept the oblig	602 and 607.1508, Florida e of Florida. Such change pations of, Section 607.050	Statutes, the a was authorized 5, Florida Stat	above- d by th lutes.	named corporation	ration submits this statement for the n's board of directors. I hereby acc	e purpose of ept the appoir	changing its nument as rec	registered gistered
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the State of familiar with, and accept the oblig Signature, typed or printed name of registered ag				-named corporation		e purpose of ept the appoir	changing its nument as rec	registered
	Signature, typed or printed name of registered ag	ent and side if applicable.	(HOTE: Register#C		_		DATE	D DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered ap OFFICERS A	pent and side if applicable.	(NOTE: Registered	d Agent :	_	when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registand as OFFICERS A D POLLACK, GEORGE	ent and side if applicable.	(NOTE: Registers: 13. ETE 1.1 TI 12 N	d Agent :	aignature required	when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE 12.	OFFICERS A D POLLACK, GEORGE 1815 GRIFFIN RD, STE 203	ent and side if applicable.	(NOTE: Registers: 13. ETE 1.1 TI 12 N 1.3 S	ITLE	aignature required	when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D POLLACK, GEORGE 1815 GRIFFIN RD, STE 203 DANIA FL 33004	pent and side If applicable. ND DIRECTORS DELE	(NOTE: Registered 13. ETE 1.111 1.2 N 1.3 S 1.4 C	TILE IAME TREET A	aignature required	when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-51-289 TITLE	OFFICERS A D POLLACK, GEORGE 1815 GRIFFIN RD, STE 203 DANIA FL 33004 D	ent and side if applicable.	(NOTE: Registered) 13. ETE 1.1 TI 1.2 N 1.3 S 1.4 C ETE 2.1 TI	ITLE IAME TREET A	aignature required	when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME	OFFICERS A D POLLACK, GEORGE 1815 GRIFFIN RD, STE 203 DANIA FL 33004 D POLLACK, CHARLES	pent and side If applicable. ND DIRECTORS DELE	(NOTE: Registered 13. ETE 1.171 12.N 1.3 ST 1.4 C 2.1 TI 22.N	ITLE IAME ITY-ST- ITLE IAME	aignature required ADDRESS -ZIP	when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS A D POLLACK, GEORGE 1815 GRIFFIN RD, STE 203 DANIA FL 33004 D POLLACK, CHARLES 1815 GRIFFIN RD, STE 203	pent and side If applicable. ND DIRECTORS DELE	(NOTE: Registered 13. 117. 12 N 13 S 14 C ETE 21 TI 22 N 23 S	ITLE AME TREET A TREET A TREET A	ADDRESS ADDRESS	when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D POLLACK, GEORGE 1815 GRIFFIN RD, STE 203 DANIA FL 33004 D POLLACK, CHARLES	pent and side If applicable. ND DIRECTORS DELE	(NOTE: Registered 13. 117 12 N 13 S 14 C 21 T 22 N 23 S 24 C	TILE IAME ITY-ST- ITLE IAME ITREET A	ADDRESS ADDRESS	when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A D POLLACK, GEORGE 1815 GRIFFIN RD, STE 203 DANIA FL 33004 D POLLACK, CHARLES 1815 GRIFFIN RD, STE 203	pent and side if applicable. IND DIRECTORS DELE	(NOTE: Registered 13. 117 12 N 13 S 14 C 21 T 22 N 23 S 24 C	TREET A	ADDRESS ADDRESS	when reinstating)	DATE	D DIRECTO: Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	OFFICERS A D POLLACK, GEORGE 1815 GRIFFIN RD, STE 203 DANIA FL 33004 D POLLACK, CHARLES 1815 GRIFFIN RD, STE 203	pent and side if applicable. IND DIRECTORS DELE	(NOTE: Registered 13. 113. 12N 13S 14C 21T 22N 23S 24C 31T 32N	TILE	ADDRESS ADDRESS	when reinstating)	DATE	D DIRECTO: Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS A D POLLACK, GEORGE 1815 GRIFFIN RD, STE 203 DANIA FL 33004 D POLLACK, CHARLES 1815 GRIFFIN RD, STE 203	pent and side if applicable. IND DIRECTORS DELE	(NOTE: Registered 13. 117. 12 N 13 S 14 C 21 T 22 N 23 S 2 4 C 21 T 32 N 33 S	TILE	ADDRESS ADDRESS ADDRESS ADDRESS	when reinstating)	DATE	D DIRECTO: Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	OFFICERS A D POLLACK, GEORGE 1815 GRIFFIN RD, STE 203 DANIA FL 33004 D POLLACK, CHARLES 1815 GRIFFIN RD, STE 203	pent and side if applicable. IND DIRECTORS DELE	(NOTE: Registers 13. ETE 1.1TI 12.N 1.3S 14.C ETE 2.1TI 22.N 2.3S 2.4.C ETE 3.1TI 32.N 33.S 34.C	ITLE IAME ITREET A ITTLE IAME ITREET A ITTLE IAME ITTLE IAME ITTLE IAME ITTLE IAME ITTLE IAME ITTLE IAME	ADDRESS ADDRESS ADDRESS ADDRESS	when reinstating)	DATE	D DIRECTO: Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A OFFICERS A D POLLACK, GEORGE 1815 GRIFFIN RD, STE 203 DANIA FL 33004 D POLLACK, CHARLES 1815 GRIFFIN RD, STE 203 DANIA FL 33004	pent and side if applicable. ND DIRECTORS DELE	(NOTE: Register 13. ETE 1.1TI 12.N 1.3 S 1.4 C ETE 2.1TI 22.N 23.5' 24.C ETE 3.1TI 32.N 33.5' 34.C ETE 4.1TI	ITLE IAME ITREET A ITTLE IAME ITREET A ITTLE IAME ITTLE IAME ITTLE IAME ITTLE IAME ITTLE IAME ITTLE IAME	ADDRESS ADDRESS ADDRESS ADDRESS	when reinstating)	DATE	D DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A D POLLACK, GEORGE 1815 GRIFFIN RD, STE 203 DANIA FL 33004 D POLLACK, CHARLES 1815 GRIFFIN RD, STE 203 DANIA FL 33004	pent and side if applicable. ND DIRECTORS DELE	(NOTE: Registers 13. ETE 11TI 12N 13S 14C ETE 21TI 22N 23S 24C ETE 31TI 32N 33S 34.C ETE 41TI 4.2N	ITLE AME TITLE TITLE	ADDRESS ADDRESS ADDRESS ADDRESS	when reinstating)	DATE	D DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	OFFICERS A OFFICERS A D POLLACK, GEORGE 1815 GRIFFIN RD, STE 203 DANIA FL 33004 D POLLACK, CHARLES 1815 GRIFFIN RD, STE 203 DANIA FL 33004	pent and side if applicable. ND DIRECTORS DELE	(NOTE: Registers 132. ETE 1171 12N 13S 14C ETE 2171 22N 23S 24C ETE 3171 32N 33S 34.C ETE 4171 42N 43S	ITLE AME TITLE TITLE	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	when reinstating)	DATE	D DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS A D POLLACK, GEORGE 1815 GRIFFIN RD, STE 203 DANIA FL 33004 D POLLACK, CHARLES 1815 GRIFFIN RD, STE 203 DANIA FL 33004	pent and side if applicable. ND DIRECTORS DELE	(NOTE: Registers 13. ETE 1.1. 12. 13. 14. 21. 22. 23. 24. 24. 32. 33. 34. 4. 4. 4. 4. 4. 4. 5. 17. 4. 4. 4. 4. 6. 6. 6. 6. 6. 6	TILE THE TIME	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	when reinstating)	DATE	D DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	OFFICERS A D POLLACK, GEORGE 1815 GRIFFIN RD, STE 203 DANIA FL 33004 D POLLACK, CHARLES 1815 GRIFFIN RD, STE 203 DANIA FL 33004	pent and side if applicable. ND DIRECTORS DELE	(NOTE: Registers 13. ETE 1.1TI 12.N 1.3S 1.4C 2.1TI 2.2N 2.25 2.4C 2.1TE 3.2N 3.3S 3.4.C 4.17 4.2N 4.3S 4.4C 5.1TI 5.2N	ITLE ITTLE IAME ITTLE IAME ITTLE IAME ITTLE ITTLE IAME ITTLE ITTLE ITTLE ITTLE IAME ITTLE I	ADDRESS ADDRESS ADDRESS -ZP ADDRESS -ZP ADDRESS -ZP	when reinstating)	DATE	D DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A D POLLACK, GEORGE 1815 GRIFFIN RD, STE 203 DANIA FL 33004 D POLLACK, CHARLES 1815 GRIFFIN RD, STE 203 DANIA FL 33004	pent and side if applicable. ND DIRECTORS DELE	(MOTE: Registers 13. ETE 1.1. 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C ETE 3.7 N 3.3 S 3.4 C ETE 4.1 T 5.2 N 4.3 S	ITILE IMAGE ITILE IMAGE ITILE IT	ADDRESS ADDRESS ADDRESS -ZP ADDRESS -ZP ADDRESS -ZP ADDRESS	when reinstating)	DATE	D DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A D POLLACK, GEORGE 1815 GRIFFIN RD, STE 203 DANIA FL 33004 D POLLACK, CHARLES 1815 GRIFFIN RD, STE 203 DANIA FL 33004	pent and side if applicable. ND DIRECTORS DELE DELE	(NOTE: Registers 13. ETE 1.1TI 12.N 1.3.S 1.4.C 2.1TI 22.N 2.3.S 2.4.C 2.1TE 3.2.N 3.3.S 3.4.C 4.17 4.2.N 4.3.S 4.4.C 5.1TI 5.2.N 5.3.S 5.4.C 5.4.C 5.4.C 5.5.4.C	ITLE AME TITLE AME TITLE TITLE AME TITLE TI	ADDRESS ADDRESS ADDRESS -ZP ADDRESS -ZP ADDRESS -ZP ADDRESS	when reinstating)	DATE	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS A D POLLACK, GEORGE 1815 GRIFFIN RD, STE 203 DANIA FL 33004 D POLLACK, CHARLES 1815 GRIFFIN RD, STE 203 DANIA FL 33004	pent and side if applicable. ND DIRECTORS DELE	(NOTE: Registers 13. ETE 1.1TI 12.N 1.3S 1.4C 2.1TE 2.7N 2.2S 2.4C 3.1TE 3.2N 3.3S 3.4.C ETE 5.1TI 5.2N 5.3S 5.4C ETE 6.1TI	ITLE AME TITLE AME TITLE TITLE AME TITLE	ADDRESS ADDRESS ADDRESS -ZP ADDRESS -ZP ADDRESS -ZP ADDRESS	when reinstating)	DATE	D DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D POLLACK, GEORGE 1815 GRIFFIN RD, STE 203 DANIA FL 33004 D POLLACK, CHARLES 1815 GRIFFIN RD, STE 203 DANIA FL 33004	pent and side if applicable. ND DIRECTORS DELE DELE	(NOTE: Registers 13. ETE 1.1TI 12.N 1.3S 1.4C 2.1TI 22.N 2.3S 2.4C 3.1TI 3.2N 3.3S 3.4.C 4.1TI 4.2N 4.3S 5.4C 6.1TI 52.N 5.3S 5.4C 6.1TI 6.2N	ITLE AME TITLE AME TITLE AME TITLE TI	ADDRESS ADDRESS ADDRESS -ZP ADDRESS -ZP ADDRESS -ZP ADDRESS	when reinstating)	DATE	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition

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 chapted, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

SIGNATURE COROLLUNCO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER DR DIRECTOR

954-920-4000