PROFIT \*~ CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MEN 1 # P98000 ONE FT. MYERS MANAGEM					
Principal Place	e of Business	Mailing Address		I (48)(184) (th 1810) (811) 631/( 65/( 65/(	11019 10111 01001	\$100 till 1201
C/O MILESTON	NE CAPITAL CORPORATION MPLE ROAD - SUITE 208	C/O MILESTONE CAPITAL C 2300 WEST SAMPLE ROAD -		DO NOT WRITE IN THIS	SPACE	
POMPANO BEA	CH FL 33073	POMPANO BEACH FL 33073		3. Date Incorporated or Qualifed	OFACE	
		•		03/31/1998		į.
. 62	to a d During and	2a. Mailing Address		4 FEI Number	Anr	lied For
_	lace of Business	—————————————————————————————————————		65-0825068	<u> </u>	Applicable
Suite, Apt.	# atc	Suite, Apt. #, etc.			\$8.75 A	
	<i>"</i> , etc.	27		5. Certificate of Status Desired	Fee Rec	1
City & State	Δ	City & State		6. Election Campaign Financing	\$5.00	viav Be
23		28		Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year in	tangible	
24	25	<b>⊢</b> ·		Personal Property Tax.		□No
**!	9. Name and Address of Curren			10. Name and Address of New Registered	Agent	
· · · · · · · · · · · · · · · · · · ·		<del>-</del>	81 Name			
	nick, sander		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
C/O MILESTONE CAPITAL CORPORATION			WE   SUBBLEA	Suissa (1.0. box realises in the results)		
2300 WEST SAMPLE ROAD - SUITE 208			83			
POMPANO BEACH FL 33073					lost Zis C	200
	* 5		84 City	FL	85 Zip C	000
Office or a	to the provisions of Sections 607.050 agistered agent, or both, in the State of familiar with, and accept the obligations are sections.	ot Fiorida. Such Change was aug	HORIZED BY BIE CORDOR	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo	f changing its r intment as reg	egistered istered
SIGNATURE	-					
	Signature, typed or printed name of registered ager		Registered Agent signature red	usred when reinstating)  ADDITIONS/CHANGES TO OFFICERS A	UD DEDECTOR	20 11 12
12.	OFFICERS AN	D DIRECTORS	13.	AUDITIONS/CHANGES TO OFFICERS AT	NO DIRECTOR	Addition
			11777 5		☐ Change	
TITLE	PRESIDENT   DIRECTO.	e □ DELETE	1.1 TITLE		☐ Change	
NAME	SANDER MEDNICA	e □ DELETE	1.2 NAME		Change	
NAME STREET ADDRESS	CO MILESTONE CAPITA	DELETE L COLPGEATION BAD, SUITE 208	1.2 NAME 1.3 STREET ADDRESS		☐ Change	
NAME STREET ADDRESS CITY-ST-ZIP	CO MILESTONE CAPITAL 2300 CHEST SAMPLE POMPANO SENCH,	COLPREATION BAD, SUITE 208 TL 33073	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		. <del></del>	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	CANDER MEDNICA CLO MILESTONE CAPTUR 2300 WEST SAMPLE POMPAND SEALH, I	COLPREATION BAD, SUITE 208 L 33073	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	·	☐ Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	CANDER MEDNICA CLO MILESTONE CAPTUR 2300 WEST SAMPLE POMPAND SEALH, I	COLPREATION BAD, SUITE 208 L 33073	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	•	. <del></del>	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	SANDER MEDNICA CLO MILESTONE CAPITA 1300 WEST SAMPLE POMPANO SENCH, I SELLETARY TELASURE MICHEL L. WACHTEL COMMESTONE 1300 WEST SAMPLE POMPANO MENCH.	C DELETE  TO COLPRES TO DO  DOAD SUITE 208  TO 33073  IDIALTOR DELETE  TO CORPORATION  ROAD, SUITE 208  TO 33073  DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change	Addition  Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE	SANDER MEDNICA CLO MILESTONE CAPTURE 2300 WEST SAMPLE POMPAND BEACH, I SECLETARY/TELASWER MICHAEL L. WACHTEL CHOMILESTONG CAPTURE 1300 WEST SAMPLE TOMPAND PEACH.	C DELETE  TO COLPRES TO DO  DO AD SUITE 20 8  L 33073  I DIRECTOR DELETE  TO CORPORATION  ROAD, SUITE 20 8  L 33073  DELETE	12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 1.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	,	☐ Change	Addition Addition
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14. 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 appearment with an address, with all other like empowered.

6.4 C/TY-ST-Z/P

CITY-ST-ZIP

SCHATTERE SANDEREMEDWICK

4/20/49

954-415-0088

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90212 016 \*\*\*150.00