Applied For

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

□No

Not Applicable \$8.75 Additional

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**

DOCUMENT # P98000033062

Zip Country	Zip Country	8
Suite, Apt. #, etc. 22 City & State	Suite, Apt. #, etc. 27 City & State	5
Principal Place of Business 21	2a. Mailing Address 26	4
WEST PALM BEACH FL 33411	WEST PALM BEACH FL 33411	3
7802 NORTH FORK DRIVE	7802 NORTH FORK DRIVE	
Principal Place of Business	Mailing Address	\dashv

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

03-24-1999 90068 020 ***150.00



DO NOT WRITE IN THIS SPACE Date Incorporated or Qualifed

 \Box

This corporation owes the current year Intangible

Name and Address of New Registered Agent

04/09/1998 , FEI Number

65-0827077

Certificate of Status Desired

Election Campaign Financing

Trust Fund Contribution

Personal Property Tax.

	:UMAN, KEN	100	Ctroot /	Address /D O Be	v Number is Not	Accortable)				
1591	YACHTMAN PLACE	82			x Number is Not	Z Bri	ÚL.			
WEL	LINGTON FL 33414	83		, , ,						
		<u> </u>	<u> </u>							
		84	Gityas	TPOL	13ea	ch F	L 85 3 C	Ψ,		
11. Pursuant t	to the provisions of Sections 607.0502 and 607.1508, Florida S	Statutes, the abov	e-named	corporation subm	nits this statement	for the purpose	of changing its	egistered		
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 obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12. OFFICERS AND DIRECTORS 13			·	ADDIT	IONS/CHANGES	TO OFFICERS	AND DIRECTOR	RS IN 12		
TITLE	P DELET	E 1,1 TITLE					Change Change	☐ Addition		
NAME	FREEDMAN, KEN	1.2 NAME			N/ F-A		•			
STREET ADDRESS	1591 YACHTMAN PLACE	1.3 STREE	TADDRESS	7803	W. FOR	K DISH	14			
CITY-ST-ZIP	WELLINGTON FL 33414	1.4 C/TY-S	T-ZIP	WEST	N. FOR Palm	Seach,	FL 339	<i>[</i>		
TITLE	ST DELET	TE 2.1 TITLE					Change Change	☐ Addition		
NAME .	FREEDMAN, RICKI	2.2 NAME		-0.5		E. 61/	N Air	1		
STREET ADDRESS	1591 YACHTMAN PLACE	2.3 STREE	TADORESS	1804	NORTH	FGIZIC	DIEIN	. 1		
CITY-ST-ZIP	WELLINGTON FL 33414	2.4 CITY-	ST-ZIP	West	Polm	iseach.	5 × 33	411		
TITLE	· V DELET	TE 3.1 TITLE				•	☐ Change	Addition		
NAME -	FREEDMAN, MILTON	3.2 NAME								
STREET ADDRESS	2778 S. OCEAN BLVD.	3.3 STREE	T ADDRESS							
CITY-ST-ZIP	PALM BEACH FL 33480	3.4. CITY-1	ST-ZIP			•				
TITLE	☐ DELET	TE 4.1 TITLE					Change	Addition		
NAME		4. 2 NAME								
STREET ADDRESS		4.3 STREE	T ADDRESS					İ		
CITY-ST-ZIP		4.4 CITY- S	T-ZIP							
TITLE	☐ DELET	TE 5.1 TITLE					☐ Change	☐ Addition		
NAME		5.2 NAME								
STREET ADDRESS		5.3 STREE	TADDRESS					1		
CITY-ST-ZIP		5.4 CITY-S	T-ZIP							
TITLE	☐ D€LET	E 6.1 TITLE					Change	Addition		
NAME .		6.2 NAME						İ		
STREET ADDRESS		6.3 STREE	T ADDRESS					Ì		
CITY-ST-ZIP		6.4 CITY-S	T-ZIP							
14. I hereby c	ertify that the information supplied with this filing does not qual	ify for the exempt	ion stated	in Section 119.0	7(3)(i), Florida S	atutes. I further o	ertify that the in	formation		

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 changes, or on an attachment with an address, with all other like empowered.

561-682-9828