FILED Aug 11, 1999 8:00 am Secretary of State 08-11-1999 90003 016 ***158.75

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT # CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000038138						
HAIR US				>		
	74 110.					
Principal Plac	e of Business	Mailing Address		1 100 HING SO LID LAND (STIT AUST) 90 III. I	LBTUT BETTER errån system ninne niner 1911 (9714	
1515 HARVEDOTY DRIVE -1515 HARVEDOTY DRIVE						
222 - 222 - 			Change addres	S DO NOT WEITE	IN THIS SPACE	
CORAL SPRINGS FL 33071 GORAL SPRINGS FL 33071				3. Date Incorporated or Qualified		
OL.			hecles Ballo	04/28/1998	i	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21	ALLO OF PERMITTE		Sample Road	65-0832437	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			\ Fee required	
City & State		28 Pompano Bch, Florida		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		Zip Pom pano	Country USA	B. This corporation owes the current		
Zip 24	25	29 33064	30 Browned	Intangible Personal Property.	Yes No	
24]	9. Name and Address of Current		, Juwara	10. Name and Address of New Re	gistered Agent	
81 Name Dinvid Daylitz						
LIPSON, SAUL B.			82 Street Addr	82 Street Address (P.O. Box Number is NOt Acceptable)		
	UNIVERSITY DRIVE		10329 KOVAL PAIM BIVE BA		Blyd Bay 23	
-222		\rightarrow	83	•		
U UH	AL SPRINGS FL 33071	•	84 City O		FL 85 Zip Code 33065	
	// 00)	1111	RAL Springs	FL 33065	
11. Pursuani	t to the previsions of sections 69 20507	and 607.1509; Florida Statt	ites, the above-named corporation	ration submits this statement for the purp on's board of directors. I hereby accept t	he appointment as registered	
11. Pursuant to the provisions of sections 50/0507 and 607.1509; Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both further State of Forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am tampliar with soft accept the obligations of section 607.0505, Florida Statutes.						
SIGNATURE WWW. C. PROUP						
12.	Signature, typed or printed seme objects and operation of the control of the cont		13.	ADDITIONS/CHANGES TO OFFI		
TITLE	D STRIBERS 7-1	DELETE	1.1 TITLE		Change Addition	
NAME	POVLIYZ, DAVID		1.2 NAME		Crigings Publican	
STREET ADDRESS	10329 ROYAL PALM BLVD, BAY	22	13 STREET ADDRESS		<u> </u>	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 CITY-ST-ZIP	<u> </u>		
TITLE		DELETE	2.1 TITLE		Change Addition	
NAME		-	22 NAME		- ·	
STREET ADDRESS			2.3 STREET ADDRESS			
City-St-ZIP			2.4 C/TY-ST-ZIP		Change Addition	
TITLE	İ	DELETE.	3.2 NAME		Crange C Audio	
4 NAME			33 STREET ADDRESS			
STREET ADDRESS		C. Sand Name of the Control of the C	3.4 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 6.1 TITLE		Change Addition	
TITLE	1	L DELETE	62 NAME	•	CT CHARTE CT HOUSEON	
NAME			6.3 STREET ADDRESS			
STREET ADDRESS			6.4 CITY-ST-ZIP		İ	
CITY-ST-ZIP	ertify that the information supplied with	this filing does not qualify fo	the everention stated in sec	tion 119.07(3)(i), Florida Statutes. I furthe	er certify that the information	
Indicated on this annual report of supplemental annual report as annual report of supplemental annual report as an 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 composition or the receiver of instependance of the composition or the receiver in fusion that my name appears in Block 12 or Block 13 if changed, or on an attack and with an address.						
in Block 12 or Block 13 if changed, or on an attacks and with an address.						
. GICNAT	TUDE: A / INTER	TANULA		8-5-99	9427-0720	
V SICTARDISE AND TYPED OR PRINCED HAME OF SIGNING SERVICE OR DIRECTOR Date Daysine Phone #						
MAYID POULITZ						