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

May 10, 1999 8:00 am Secretary of State

05-10-1999 90253 020 ***150.00

	1000	-		1		
DOCU	JMENT # P980	10003866	041			
r. Corporat	ion rane					
Bea	utiful Surrounding	15, Inc.				
Principal Pta	ace of Business	Mailing Address				
***	•	35 Thurston Dr	NIP			
=	iurston Prive	falm BeachEard	ions El.			
Ailm B	each Gardens F1.	taini baaciloaio		DO NOT WRITE IN TH	IS SPACE	
, 00,,,,,,			<i>3</i> 3 4 10	3. Date Incorporated or Qualified H-29-98		
2. Principal	33410 Place of Business	2a. Mailing Address		4. FEI Number	- An	plied For
21	11 1500 01 23511300	26		65-0833905	<u> </u>	t Applicable
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.			\$8.75 A	
22		27		5. Certificate of Status Desired	Fee Re	quired
City & St	tate	City & State		6. Election Campaign Financing	\$5.00	
23		28		Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	57	□No
24	9. Name and Address of Curre	nt Registered Agent	30	Personal Property Tax. 10. Name and Address of New Registere	<u> </u>	
<i>J</i>		m negisteres agent	81 Name	Haire with Address of their neglatere		
Kare	en Skaman, CPA	214	90 0	(D.O. Barrishania Nationalis)		
Stea	man-fluky Cf	' H	82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
202	iman-fruiry CF I RCA Blvd. #310)/	83			
Δ93,	, Ken bira	V - 10 721	84 City		. 85 Zip C	`odo
Havi	n Beach Gardens,	+ 10R10100 3341	City	F	L 85 Zip C	·oue
agent. 1 SIGNATUR	am familiar with, and accept the obligate Signature, typed or printed name of registered age		rida Statutes. : Registered Agent signature requ	uired when reinstating) DATE		
12.	OFFICERS AI	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PRIS	☐ DELETE	1.1 TITLE		Change	Addition
NAME	Joel Abrams		1.2 NAME			
STREET ADDRES		C1 22111A	1.3 STREET ADDRESS			
CITY-ST-ZIP	Palm Beach Gardens		1.4 CITY-ST-ZIP			
TITLE	DOO CHARD	☐ DELETE	2.1 TITLE		Change	
NAME	Ann Green 130 Elysium Drive		2.2 NAME			Addition
STREET ADDRES	3 30 61 30 60		1			☐ Addition
CITY-ST-ZIP	- Kinda I Dalim Killin I	1. 33411	2.3 STREET ADDRESS			☐ Addition
NAME	Royal Palm Beach, F		2.3 STREET ADDRESS 2 4 CITY-ST-ZIP		Change	
STREET ADDRES	Carolyn Bybee	☐ DELETE	2.3 STREET ADDRESS 2 4 CITY-ST-ZIP 3.1 TITLE		☐ Change	
	Carolyn Bybee	☐ DELETE	2.3 STREET ADDRESS 2 4 CITY-ST-ZIP 3.1 TITLE -3.2 NAME	-	☐ Change	
	Carolyn Bybee	☐ DELETE	2.3 STREET ADDRESS 2 4 CITY-ST-ZIP 3.1 TITLE		Change	Addition
CITY-ST-ZIP	Parolyn Bybre	☐ DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		☐ Change	
CITY-ST-ZIP	Carolyn Bybee	□ DELETE €1 33410	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	-		Addition
CITY-ST-ZIP	Parolyn Bybee 9628 Begonia St Paum Beach Cardens,	□ DELETE €1 33410	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE			Addition
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6.4 CITY-ST-ZIP 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 chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE:X

Abrams pres. 4-29-99

CR2E034 (11/98)