PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

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233 SOUTH ATLANTIC BOULEVARD FT LAUDERDALE FL 33316 · FT LAUDERDALE FL 33316							DO NOT WRITE IN THIS SPACE				:
•						1		IN IHIS SP	ACE		
							3. Date Incorporated or Qualifed				
							04/29/1998 4. FEI Number		l l An-	plied For	
· ·	. Principal Place of Business 2a. Mailing Address			855		ĺ	4. FEI Number 65-07 59	697	_ 	Applicable	
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				лие, Арт. #, etc.			5. Certificate of Status Desired	o `	Fee Re		
City & Stat			27		<u>. </u>		6. Election Campaign Financing	<u> </u>	\$5.00	May Re	_
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Zip		Country	Zip	C	ountry	1	8. This corporation owes the current	t year Intang	ible		
24		25	29	30		- 1	Personal Property Tax.			□No	
	9. Name	and Address of Curre	nt Registered Agent				10. Name and Address of New Reg	istered Age	ent		
-					B1 Name)				į	
	ri, alton				82 Street	Address	s (P.O. Box Number is Not Acceptabl	e)			
_		LTANTIC BLVD.			62 Street Audi		· · · · · · · · · · · · · · · · · · ·	-'			
FT.	LAUDERDA	LE FL 33316			83					Ì	
l					B4 City			[6	35 Zip C	code	
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11. Pursuant	to the provis	sions of Sections 607.050	02 and 607.1508, Flork	da Statutes, the	above-named	d corpora	ation submits this statement for the pu s board of directors. I hereby accept to	irpose of cha the appointm	inging its ent as rec	registered pistered	
agent. I a	am familiar w	ith, and accept the obliga	ations of, Section 607.0	505, Florida St	latutes.				-		
SIGNATURE											
SIGNATURE											_
	Signature, types	or printed name of registered ago		(NOTE: Register	red Agent signature		hen reinstating)	DATE			(98)
12.	Signature, types		ND DIRECTORS	(NOTE: Register	red Agent signature			DATE CERS AND D			(11/98)
12. TILE	Signature, types	OFFICERS A	ND DIRECTORS	(NOTE: Register #3 ELETE 1.1	red Agent signature 3.		hen reinstating)	DATE CERS AND D	DIRECTO	RS IN 12	34 (11/98)
12. TITLE NAME	D YAARI, A	OFFICERS AI	ND DIRECTORS	(NOTE: Register 1: ELETE 1.1	red Agent signature 3. TITLE	required w	hen reinstating)	DATE CERS AND D	DIRECTO	RS IN 12	E034 (11/98)
12. TITLE NAME STREET ADDRESS	D YAARI, A 233 SOU	OFFICERS AI ITON ITH ATLANTIC BOULE	ND DIRECTORS	(NOTE: Register 73 ELETE 1.1 1.2	red Agent signature 3. TITLE ! NAME	required w	hen reinstating)	DATE CERS AND D	DIRECTO	RS IN 12	R2E034 (11/98)
12. TITLE NAME	D YAARI, A 233 SOU	OFFICERS AI	ND DIRECTORS	(NOTE: Register 13 ELETE 1.1 12 13 1.4	red Agent signature 3. TITLE ! NAME ! STREET ADDRESS	required w	hen reinstating)	DATE CERS AND D	DIRECTO	RS IN 12	CR2E034 (11/98)
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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 changed, or on an attachment with an address, with all other like empowered.

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Daytime Phone 6

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