PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P98000039167

FLORIDA DEPARTMENT OF STATE

## Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

## **FILED** Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90121 015 \*\*\*150.00

Cac Ur	BHOWARD, INC.							
Principal Place	e of Business	Mailing Address				-	IL <b>VBIVE</b> FILE <b>R IS</b> IOI 11	#   # #1714   # #   E ## }
8036 NW 28 PL	ACE	8036 NW 28 PLACE						
SUNRISE FL 33322 SUNRISE FL 33322						DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporated or Qualifed	THIS SPACE	
						04/30/1998		ļ.
2 Principal Pl	lace of Business	2a. Mailing Address	<del></del>			4. FEI Number	. 11	Applied For
21	acc of Eddinoss	26 63 16 POI	WERLI	NE K	3D	65-0849519	L	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc		, _ ,	<u> </u>	02 00, 12.,	\$8.75	Additional
22	•	27 Ft LAN	D			5. Certificate of Status Desired	Fee	Required
City & State	e	City & State				6. Election Campaign Financing	\$5.0	May Be
23		28 FL				Trust Fund Contribution.	Adde	d to Fees
Zip	Country	Zip	·	untry	, A	8. This corporation owes the current years		F3
24	25	29 33304	30	<u>u.s</u>	5.A.	Personal Property Tax.	Yes Yes	□No
	9. Name and Address of Current	Registered Agent		04  51		10. Name and Address of New Regis	tered Agent	
CLAI	HEEN DOESN C			81  Na	ame			
	USEN, DREW S			82 St	reet Addres	ss (P.O. Box Number is Not Acceptable)		
	NW 28 PLACE RISE FL 33322			\ <u></u>				
SUN	NISE FL 33322			83				ļ
				84 Ci	ity		FL 85 Zi	p Code
				$\perp$	·			ita ragiotorod
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change v	vas authorize	ed by the	med corpor corporation	ration submits this statement for the purposis board of directors. I hereby accept the	ose of changing	its registered registered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change vons of, Section 607.0505	vas authorize 5, Florida Sta	ed by the stutes.	corporation	n's board of directors. Thereby accept the	ose of changing appointment as	its registered registered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent	f Florida. Such change vons of, Section 607.0505 and title if applicable.	vas authorize 5, Florida Sta (NOTE: Registere	ed by the stutes.	corporation	n's board of directors, i nereby accept the	ose of changing appointment as	
office or reagent. I as SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent in OFFICERS AND	Florida. Such change vons of, Section 607.0505 and title if applicable.	vas authorize 5, Florida Sta (NOTE: Registere	ed by the stutes.	corporation	n's board of directors. Thereby accept the	ose of changing appointment as	TORS IN 12
office or reagent. I as SIGNATURE  12.	egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent to OFFICERS AND	f Florida. Such change vons of, Section 607.0505 and title if applicable.	was authorize 5, Florida Sta (NOTE: Registere 13 TE 1.1	ed by the stutes.  ad Agent sign  TITLE	corporation	n's board of directors, i nereby accept the	ose of changing appointment as  ATE RS AND DIREC	TORS IN 12
office or reagent. I as SIGNATURE  12.  TITLE  NAME	egistered agent, or both, in the State of m familiar with, and accept the obligation of signature, typed or printed name of registered agent of OFFICERS AND D CHANG, LEE	Florida. Such change vons of, Section 607.0505 and title if applicable.	(NOTE: Registere 1.1	ed by the stutes.  ad Agent sign  TITLE  NAME	ature required	n's board of directors, i nereby accept the	ose of changing appointment as  ATE RS AND DIREC	TORS IN 12
office or ragent. I as SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligation of signature, typed or printed name of registered agent.  OFFICERS AND CHANG, LEE 6190 WOODLAND BLVD #106	Florida. Such change vons of, Section 607.0505 and title if applicable.	was authorize 5, Florida Sta  (NOTE: Register 13 TE 1.1 1.21 1.33	ed by the stutes.  ed Agent sign  TITLE  NAME  STREET ADD	ature required	n's board of directors, i nereby accept the	ose of changing appointment as  ATE RS AND DIREC	TORS IN 12
office or ragent. I an SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligation of signature, typed or printed name of registered agent.  OFFICERS AND D CHANG, LEE 6190 WOODLAND BLVD #106 TAMARAC FL 33319	Florida. Such change vons of, Section 607.0509 and title if spplicable.  DIRECTORS	(NOTE: Register (NOTE: Register 13 TE 1.1* 1.21 1.33	ed by the stutes.  ad Agent sign  TITLE  NAME  STREET ADD  CITY-ST-ZIP	ature required	n's board of directors, i nereby accept the	ose of changing appointment as  ATE RS AND DIREC	TORS IN 12
office or ragent. I an SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	egistered agent, or both, in the State of m familiar with, and accept the obligation of signature, typed or printed name of registered agent.  OFFICERS AND CHANG, LEE 6190 WOODLAND BLVD #106 TAMARAC FL 33319	Florida. Such change vons of, Section 607.0505 and title if applicable.	(NOTE: Registers   13	ed by the stutes.  ad Agent sign  TITLE  NAME  STREET ADD  CITY-ST-ZIP	ature required	n's board of directors, i nereby accept the	ose of changing appointment as  ATE  RS AND DIRECT  Chang	TORS IN 12
office or r agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State of m familiar with, and accept the obligation of signature, typed or printed name of registered agent of the obligation of the obligati	Florida. Such change vons of, Section 607.0509 and title if spplicable.  DIRECTORS	(NOTE: Registers   13	ed by the atutes.  ed Agent sign	ature required	n's board of directors, i nereby accept the	ose of changing appointment as  ATE  RS AND DIRECT  Chang	TORS IN 12
office or rr agent. I an SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with an accept the obligation of familiar with a familiar with, and accept the obligation of familiar with a familiar wit	Florida. Such change vons of, Section 607.0509 and title if spplicable.  DIRECTORS	(NOTE: Register  (NOTE: Register  13  IE 1.1  1.2  1.3  1.4  IE 2.1  2.2  2.3	and by the structes.  and Agent sign  TITLE  NAME  STREET ADD  TITLE  TITLE  NAME  STREET ADD  STREET ADD	ature required to	n's board of directors, i nereby accept the	ose of changing appointment as  ATE  RS AND DIRECT  Chang	TORS IN 12
office or rr agent. I an SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with accept the obligation of familiar with a second of fam	Florida. Such change vons of, Section 607.0509 and title if applicable.  DIRECTORS  DELET	(NOTE: Register  (NOTE: Register  13  TE 1.1  1.2  1.3  1.40  TE 2.1  2.2  2.3  2.4	and by the attutes.  and Agent sign  TITLE  NAME  STREET ADD  TITLE  NAME  STREET ADD  CITY-ST-ZIP  STREET ADO  CITY-ST-ZIP	ature required to	n's board of directors, i nereby accept the	ose of changing appointment as  ATE  RS AND DIRECT  Chang	TORS IN 12 e
office or rr agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with accept the obligation of familiar with a second of fam	Florida. Such change vons of, Section 607.0509 and title if spplicable.  DIRECTORS	(NOTE: Registere   1.1   1.2   1.3   1.4   1.2   1.2   1.3   1.4   1.2   1.3   1.4   1.5	and by the structes.  and Agent sign  TITLE  NAME  STREET ADD  TITLE  TITLE  NAME  STREET ADD  STREET ADD	ature required to	n's board of directors, i nereby accept the	ose of changing appointment as  ATE  RS AND DIREC  Chang	TORS IN 12 e
office or rr agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with an accept the obligation of familiar with, and accept the obligation of familiar with accept the obligatio	Florida. Such change vons of, Section 607.0509 and title if applicable.  DIRECTORS  DELET	(NOTE: Registered)  (NOTE: Registered)  13 TE 1.1' 1.21 1.3: 1.44 TE 2.1' 2.21 2.3: 2.4 TE 3.1' 3.21	and by the structes.  ITTLE  NAME  STREET ADD  TITLE  NAME  STREET ADD  CITY-ST-ZIP  TITLE  NAME  STREET ADD  CITY-ST-ZIP  TITLE  NAME	ature required the rest of the	n's board of directors, i nereby accept the	ose of changing appointment as  ATE  RS AND DIREC  Chang	TORS IN 12 e
office or rr agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with an accept the obligation of familiar with, and accept the obligation of familiar with accept the obligatio	Florida. Such change vons of, Section 607.0509 and title if applicable.  DIRECTORS  DELET	(NOTE: Registered)  (NOTE: Registered)  13  TE	and by the attutes.  and Agent sign .  ITTLE  NAME  STREET ADD  CITY-ST-ZIP  TITLE  NAME  STREET ADD  CITY-ST-ZIP  TITLE  NAME  STREET ADD  STREET ADD  CITY-ST-ZIP  STREET ADD	RESS RESS	n's board of directors, i nereby accept the	ose of changing appointment as  ATE  RS AND DIREC  Chang	TORS IN 12 e
office or rr agent. I an SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with	Florida. Such change vons of, Section 607.0509 and title if applicable.  DIRECTORS  DELET	(NOTE: Registered   13	and by the structes.  ITTLE  NAME  STREET ADD  TITLE  NAME  STREET ADD  CITY-ST-ZIP  TITLE  NAME  STREET ADD  CITY-ST-ZIP  TITLE  NAME	RESS RESS	n's board of directors, i nereby accept the	ose of changing appointment as  ATE  RS AND DIREC  Chang	TORS IN 12 e
office or rr agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with accept the	Florida: Such change vons of, Section 607.0508	(NOTE: Registered   13	and by the attutes.  and Agent sign .  TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME STREET ADD CITY-ST-ZIP TITLE TITLE TITLE TITLE	RESS RESS	n's board of directors, i nereby accept the	ose of changing appointment as  ATE  RS AND DIREC  Chang	TORS IN 12 e
office or rr agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with	Florida: Such change vons of, Section 607.0508	(NOTE: Registered   13	and by the attutes.  and Agent sign .  TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME	RESS RESS	n's board of directors, i nereby accept the	ose of changing appointment as  ATE  RS AND DIREC  Chang	TORS IN 12 e
office or ragent. I an agent. I an agent. I an SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with accept the obligation of familiar	Florida. Such change vons of, Section 607.0508   and title of applicable.	(NOTE: Registered   13	ad dy the attutes.  ad Agent sign .  ITTLE NAME STREET ADD CITY-ST-ZIP TITLE NAME STREET ADD CITY-ST-ZIF TITLE NAME STREET ADD CITY-ST-ZIF TITLE NAME STREET ADD CITY-ST-ZIF TITLE NAME STREET ADD STREET ADD CITY-ST-ZIF TITLE NAME STREET ADD	RESS RESS	n's board of directors, i nereby accept the	ose of changing appointment as  ATE  RS AND DIREC  Chang	TORS IN 12 e
office or rr agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with	Florida. Such change vons of, Section 607.0508   and title of applicable.	(NOTE: Registered   13	and by the attutes.  and Agent sign .  TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME	ature required the	when reinstating)  ADDITIONS/CHANGES TO OFFICE	ose of changing appointment as  ATE  RS AND DIREC  Chang  Chang	TORS IN 12 e
office or ragent. I ai agent. I ai signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE	egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with accept the obligation of familiar	Florida. Such change vons of, Section 607.0508   and title of applicable.	(NOTE: Registered   13	and by the attutes.  and Agent sign  TITLE  NAME  STREET ADD  CITY-ST-ZIP	ature required the	when reinstating)  ADDITIONS/CHANGES TO OFFICE	ose of changing appointment as  ATE  RS AND DIREC  Chang  Chang	TORS IN 12 e
office or ragent. I an agent. I an agent. I an SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with accept the obligation of familiar	Florida. Such change vons of, Section 607.0508   and title of applicable.	(NOTE: Registered   13	and by the attutes.  and Agent sign .  TITLE  NAME  STREET ADD  CITY-ST-ZIP  TITLE	ature required the	when reinstating)  ADDITIONS/CHANGES TO OFFICE	ose of changing appointment as  ATE  RS AND DIREC  Chang  Chang	TORS IN 12 e
office or ragent. I ai agent. I ai SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with accept the obligation of familiar	Florida. Such change vons of, Section 607.0508   and title of applicable.	(NOTE: Register   1.1	and by the attutes.  and Agent sign .  TITLE  NAME  STREET ADD  CITY-ST-ZIP  TITLE  NAME  NAME  NAME  NAME  NAME  NAME	ature required the	when reinstating)  ADDITIONS/CHANGES TO OFFICE	ose of changing appointment as  ATE  RS AND DIREC  Chang  Chang	TORS IN 12 e
office or raggent. I ai agent. I ai SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with accept the obligation of familiar	Florida. Such change vons of, Section 607.0508   and title of applicable.	(NOTE: Registered   13	ad by the attutes.  ad Agent sign .  ITTLE NAME STREET ADD CITY-ST-ZIP TITLE NAME STREET ADD CITY-ST-ZIF TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME STREET ADD	ature required the	when reinstating)  ADDITIONS/CHANGES TO OFFICE	ose of changing appointment as  ATE  RS AND DIREC  Chang  Chang	TORS IN 12 e
office or ragent. I ai agent. I ai SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with accept the obligation of familiar	Florida. Such change vons of, Section 607.0508   and title of applicable.     DIRECTORS	(NOTE: Register   1.1	ad by the attutes.  ad Agent sign .  ITTLE NAME STREET ADD CITY-ST-ZIP TITLE NAME STREET ADD CITY-ST-ZIP	ature required the	when reinstating)  ADDITIONS/CHANGES TO OFFICE	ose of changing appointment as  ATE  RS AND DIREC  Chang  Chang	TORS IN 12 e

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP