PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # P98000041920

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90122 013 ***150.00

130 DUVAL STREET, INC.			
Principal Place of Business	Mailing Address		

HOLLYWOOD F		HOLLYWOOD FL 33020				
HOLLINGOD F	2 33020	HOLLINGOD IL SOLLO			DO NOT WRIT	E IN THIS SPACE
					3. Date Incorporated or Qualifed	
					05/05/1998	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26				Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				_ \$8.75 Additional
22	.,, 0.5.	27			5. Certifcate of Status Desired	Fee Required
City & State	Α	City & State			6. Election Campaign Financing	55.00 May Be
	•	28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the curre	
	25	29	ı' — í		Personal Property Tax.	✓ Yes □No
24	9. Name and Address of Curren		1301		10. Name and Address of New Ro	egistered Agent
	5. Name and Address of Correct	it registered Agent	81	Name /	T Desir a	00
PIOT	rkowski, joel s			PE	IERY. PARISI C	PH
	- 71ST STREET		82	Street Addre	ess (P.O. Box Number is Not Acceptate	ole)
	MI BEACH FL 33141		83	285	2 NE 21= COU	
IVIIAN	WI BEACHTE SST41		83			
	4		84	City City	- Landerdale	85 Zin Code
	$(1 \cdot 1)$			1-1-	MANGERUNIE	FL 333365
11. Pursuant	to the provisions of Sections 60 .050	2 and 607.1508, Florida Statu	tes, the above	e-named corpo	pration submits this statement for the property	surpose of changing its registered
office or n	egistered agent/ or born, in ther state m familiar with and absent the obliga	or Flori <u>ca. Su</u> ch change was a flors of Section 607.0505, Flo	iutnonzeo by orida Statutes.	A A	n's board of directors. I hereby accept	2. 100
	1971		FTER	MARIS	7/	20/99
SIGNATURE	Signature, typed or plifited name of registered ager	nt and title if applicable. (NOT)		1 signature required	d when reinstating)	DATE
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	
TITLE	D	☐ DELETE	1.1 TITLE			Change Addition
NAME	Greenberg, Judith		1.2 NAME			
STREET ADDRESS	1925 HARRISON STREET		1.3 STREET	ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		1.4 CITY-ST	T- ZIP		
TITLE		☐ DELETE	2.1 YITLE	λ.	RECTOR	☐ Change 🎉 Addition
NAME			2.2 NAME	0	Alph Ma MA . Alph Ma MA . Alph Ma MA . Alph Ma	- / '
			2.3 STREET	ADODESS	S-LHARRISON STREET	
STREET ADDRESS				ADURESS /4	11 aman F/ 33020	i
CITY-ST-ZIP		☐ DELETE	2. 4 CITY-S	11-ZIP	MEGOR	Change Addition
TITLE			3.1 TITLE	101	MAGOR	_ ' /_
NAME	,		3.2 NAME	01	ANGENDICA PRINT	
STREET ADDRESS			3.3 STREET	TADDRESS / /9	lande LEVY. 115 HARRYON TREET Wilywood, Fl. 73020	
CITY-ST-ZIP			3.4. CITY-S	T-ZIP	WIYOUCOS, FI 22020	Charter Dadwood
TITLE		☐ DELETE	4.1 TITLE		, -	☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	T ADDRESS		į
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			ì
STREET ADDRESS			5.3 STREET	TADDRESS		1
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		j
		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
ITIΠE	ĺ	I (DELETE				
TITLE		Li Delete				_ , _
NAME STREET ADDRESS		C Defete	6.2 NAME 6.3 STREET	r annæess		

CITY-ST-ZIP

14. I hereby certify that the information supplied with mis 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 finual 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 charged, or on an attantiment with an address, with all other like empowered.

SIGNATURE:

4 30/99 (95) 927-3341 Date CR2E034 (11/9