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

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90112 034 ***150.00

DOCUMENT # P98000046913

1. Corporation Name

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

JV2 INVI	EQ IMENT COUL							
Principal Place	of Business	Mailing Address			(IMERIAD) (IM) MID) (AII) MAIN ABIN ABIN	3 BÍÚI BIÐIÐ ÚILIÐ 1848) I		
4150 GEORGES WAY BOCA RATON FL 33434 4150 GEORGES WAY BOCA RATON FL 33434					DO NOT WRITE IN	THIS SDACE		
					3. Date Incorporated or Qualifed	INIS SPACE		l
	·				05/26/1998]
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	X Apr	olied For	ĺ
21		26				Not	Applicable	i
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A Fee Red		ļ	
22		City & State			- Fl. Kan Oan all a Flanding			l
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	ا 5.00 Added-to=	•	
Zip			Country		8. This corporation owes the current year			ļ
24	25	29 30	<u> </u>		Personal Property Tax.		□No	ĺ
·	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registe	red Agent		1
KAM	insky, sidney s							
4150 GEORGES WAY			82	Street Addr	ess (P.O. Box Number is Not Acceptable)			ł
BOCA RATON FL 33434			83					-
			84	City		FL 85 Zip C	ode	•
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligati Signature, typed or printed name of registered agent	of Florida, Such change was auth ons of, Section 607.0505, Florida	orized by a Statutes	the corporation	oration submits this statement for the purposon's board of directors. I hereby accept the a	ppointment as reg	gistered	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12	ç
TILE D'RES	D	☐ DELETE 1.1°				☐ Change	Addition	5
NAME .	KAMINSKY, MILDRED	ILDRED 1.2N		1				2
STREET ADDRESS			1.3 STREET	TADDRESS		•		Š
CITY-ST-ZIP	BOCA RATON FL 33434	1.4 CI		T-ZIP				
TITLE SECTY	Ď	☐ DELETE	2.1 TITLE			Change	Addition	١,
NAME	SHELLING, JAIMIE K		2.2 NAME					ĺ
STREET ADDRESS	3045 WINDSOR PLACE		2.3 STREET	TADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33434			ST-ZIP				1
TITLE		☐ DÉLETE	3.1 TITLE			Change	Addition	
NAME			3.2 NAME					Ì
STREET ADDRESS		<u> </u>		TADDRESS				-
CITY-ST-ZIP		[7] 05: 55-	3.4. CITY-5	ST-ZIP		☐ Change	☐ Addition	-
TITLE		☐ DELETE	4.1 TITLE			спапде		ĺ
NAME	,		4. 2 NAME					
STREET ADDRESS				TADORESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		Change	Addition	
TITLE	E 2 N		5.1 TITLE 5.2 NAME			La Granigo		İ
NAME				TADORESS				
STREET ADDRESS			V 3111C					١

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 changed, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

SIGNATURE: M

☐ DELETE

Change

Addition