PROFIT CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000048647

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604 NORTH 62ND AVENUE   604 NORTH 62ND AVENUE   HOLLYWOOD FL 33024   HOLLYWOOD FL 33024									
1					DO NOT WRITE	IN THIS SPA	CE		
		_			3. Date incorporated or Qualifed 06/01/1998				
Principal Place of Business     2a. Mailing Address					(4) FEI Number 08 690	24		ied For	
21 26					65-08 690			Applicable '	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	≰ (*	8.75 Ad	iditionar ( uired	ļ
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City & State City & State							א שט.כק Added to		
23	Country		Count	V	S: This corporation owes the current	vear Intanci		د صد مد	<del></del>
) <del></del>	Zip Country Zip			, -	Personal Property Tax.		Yes	<b>Z</b> No	
24	9. Name and Address of Current		T		10. Name and Address of New Reg	istered Age	n1		
			8	1 Name					Į
TOKARZ, JANINA			┟	ROL Character (D.O. Day Number to Not Accontable)					
604 NORTH 62ND AVENUE			" ا	82 Street Address (P.O. Box Number Is Not Acceptable)					
) HOLL	YWOOD FL 33024		8	3	· · · · · · · · · · · · · · · · · · ·				
}			8	4 City			5 Zip Co	xde	
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11. Pursuant to office or reagent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State of in familiar with, and accept the obligat	2 and 607.1508, Florida Statutes of Florida. Such change was aut ions of, Section 607.0505, Florid	s, the abo thorized b da Statute	ve-named o y the corpor is.	orporation submits this statement for the puration's board of directors. I hereby accept the	rpose of cha ne appointme	nging its regi	egistered stered	
SIGNATURE Signature, typed or printed name of registered agent and tate if applicable (NOTE. R				ent signature rec	quired when reinstating)	DATE	•		l ⊊
12.	OFFICERS AN							C 151 42	l 77
TILE		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND D	IRECTOR	S IN 12	≦
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NAME	TOKARZ, JANINA		_		ADDITIONS/CHANGES TO OFFICE			Addition	
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14. I hereby certify that the information supplied with this filing does not qualify to 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 outh; 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. CITY-ST-ZIP

84 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90026 038 \*\*\*158.75