COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # P98000050947

3RUCE AHRENDT, INC.

FILED Sep 09, 1999 8:00 am Secretary of State

09-09-1999 90006 028 ***550.00



cipal Plac	e of Business	Mailing Address			
_	ADRA AVENUE 3945 ADRA AVENUE				
AI FL 33178 MIAMI FL 33178					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					06/08/1998
Principal F	lace of Business	2a. Mailing Address	^		4. FEI Number Applied For
4101	4 SANAMARO DR	26 YUNY SAN	HOW	the Dr	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State CONAC GIABLES FL. 28 CONAC GABLE				~e,~~	6. Election Campaign Financing \$5.00 May Be
Corps				FU	Trust Fund Contribution LJ Added to Fees
33 1	Country	29 33146 30	Count		8. This corporation owes the current year Intangible Personal Property. Yes
<u>20 (</u>	46 25 USA		l W	<u> 4</u>	
	9. Name and Address of Current	Registered Agent	8	1 Name	10. Name and Address of New Registered Agent
HAN	IMONS, FOY H		Ľ		
	SO. BAYSHORE DRIVE		8	2 Street A	ddress (P.O. Box Number is Not Acceptable)
	E 606		8	3	
	ONUT GROVE FL 33133				
			8		FL 85 Zip Code
office or	t to the provisions of sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was auth	norized t	v the corpo	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
NATURE					,
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature)				Agent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	OFFICERS AND		13.		DIRECTOR Addition
	D AUDENDE BRICE	L DELETE	1.2 NAME		A " A ISTANT. BRILLE
	AHRENDT, BRUCE			T ADDRESS	4614 SAN AMARO DR.
ET ADDRESS	3945 ADRA AVENUE			į	WLAL GABLES, FC. 33146
ST-ZIP	MIAMI FL 33178	Del ete	1.4 CITY- 2.1 TITLE	31-2119	Change Addition
		L DELETE	2.2 NAME		Change Addition
				T ADDRESS	
ET ADDRESS			2.4 CITY-		
ST-ZIP		DELETE	3.1 TITLE	-	Change Addition
	<u> </u>	DELETE	3.2 NAME)	- Change C Habish
ET ADDRESS				T ADDRESS	
ST-ZIP		-	3.4 CITY-	i	
51-217		DELETE	4.1 TITLE		Change Addition
			4.2 NAME		
ET ADORESS			i	T ADDRESS	
ST-ZIP			4.4 CITY-	J	
31-ZIF		DELETE	5.1 TITLE		Change Addition
:			5.2 NAME	-	
T ADDRESS			5.3 STRE	T ADDRESS	
ST-ZIP			5.4 CITY-		
		DELETE	6.1 TITLE		Change Addition
			6.2 NAME	Į	,
ET ADDRESS				T ADDRESS	
ST-ZIP			6.4 CITY-	T-ZIP	

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.

GNATURE:

BRUCE J. AHRENC

9/6/49

954-713-7122