## FILE NOW: FILMG FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Jun 04, 1999 8:00 am Secretary of State 06-04-1999 90008 013 \*\*\*150.00

	AN & PORT, P.A.		/				
Principal Pla	ce of Business	Mailing Address					
2754 W OAKLAND PARK BLVD. OAKLAND PARK FL 33311		2754 W. OAKLAND PARK BLVD. OAKLAND PARK FL 33311		DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Cualifed	IS SMACE		
				06/10/1998			
_	Place of Business	2a. Mailing Address		4. FEI Number	Ap	plied For	
1   Suite Ant	#. etc	26		(05-0841836		t Applicable	
Suite, Apr.	- #1, #10	Suite Apt #, etc		5. Certificate of Status Desired	<b>\$8.75</b> A		
City & Sta	ite	City & State		6. Election Campaign Financing		<u> </u>	
3		28		Trust Fund Contribution	\$5.00 Added to		
Zip	Country	Zip	Country	8. This corporation owes the current year li			
4	25		10	Personal Property Tax.		□No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registerer	d Agent		
KΔI	JFMAN, MARK D		81 Name				
	4 W. OAKLAND PARK BLVD.		82 Street Add	dress (P.O. Box Number is Not Acceptable)	<del> </del>		
	CLAND PARK FL 33311		93				
375			83				
			84 City	FI	85 Zip C	ode	
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes					
office or i		and dor. 1500 i londa Statutes	, the above-named con	poration submits this statement for the purpose o	f changing its	registered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if appricable (NOTE: R	egislered Agent signature require		199		
SIGNATURE	Signature, typed or printed name of registered agent : OFFICERS AND	and title if appricable (NOTE: R	egislered Agent signature require	2/17/	ND DIRECTOR	R\$ IN 12	
SIGNATURE  2. TLE	Signature hyped or printed name of registered agent of OFFICERS AND	and title if appricable (NOTE: R	egistored Agent signature require 13. 1.1 *(TLE	ed when reinstaing) DATE	199	R\$ IN 12	
BIGNATURE  2. TLE AME	Signature hyped or printed name of registered agent:  OFFICERS AND  D  KAUFMAN, MARK D ESQ.	and title if appricable (NOTE: R	egistored Agent signature require  13. 1.1 "ITLE 12 NAME	ed when reinstaing) DATE	ND DIRECTOR	R\$ IN 12	
SIGNATURE  2. TLE AME TREET ADDRESS	Signature hyper or printed name of registered agent of FICERS AND D KAUFMAN, MARK D ESQ. 2754 W. OAKLAND PARK BLVD.	and title if appricable (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstaing) DATE	ND DIRECTOR	R\$ IN 12	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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STREET ADDRESS

URE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR