## 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 22, 1999 8:00 am Secretary of State 04-22-1999 90092 001 \*\*\*150.00

DOCUMENT # P98000058335					
1	NIQUE, INC.				
GANDEI	NIQUE, INC.				#1 #11#1   <b>11 #8</b>   11 <b> #8</b>   11  <b>#</b> 1
ļ					
Principal Plac	ce of Business	Mailing Address			8) 8) 8) 16)88 (1)88 (1)101 8) 1 1881   
2498 NW 25 STREET 2498 NW 25 STREET BOCA RATON FL 33431 BOCA RATON FL 33431					
BUCA RATON	FL 33431	BOCA RATON FL 33431		DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualifed	* ** ** ***
-				06/30/1998	
	7 Via De Palmas	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.		Suite, Apt. #, etc.	·	65-0847055	Not Applicable
	30ite92	27		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
<del></del>	ca Raton FL	28		Trust Fund Contribution	Added to Fees
Zip Country Zip  24 33432 25 Palm Beach 29			Country	8. This corporation owes the current year l	
24 334	9. Name and Address of Current		30	Personal Property Tax.  10. Name and Address of New Registered	Yes 🔀No
	9. Name and Address of Current	Kegistered Agent	81 Name	10. Name and Address of New Registered	u Agent
GOL	LDFARB-JURAN, BETSY				
2498 NW 25 STREET		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
BOC	CA RATON FL 33431		83		
			84 City		85 Zip Code
				<b></b>	<b>L</b>
office or r	registered agent, or both, in the State o	f Florida. Such change was au	thorized by the corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	of changing its registered of ointment as registered
agent. i a	am familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statutes.		<u> </u>
SIGNATURE		~ ( ) - ~			
	Signature, typed confinted name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature requir	red when reinstating) DATE	7777
12.		<del></del>	Registered Agent signature requir	red when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
12. TITLE	Signature, typed ordinted name of registered agent OFFICERS AND	<del></del>	13. 1.1 TITLE		ND DIRECTORS IN 12  Change Addition
12. TITLE NAME	OFFICERS AND  OGULDFARB-JURAN, BETSY	DIRECTORS	13. 1.1 TITLE 1.2 NAME		
12. TITLE NAME STREET ADDRESS	Signature, typed orginted name of registered agent OFFICERS AND OFFICERS AND GOLDFARB-JURAN, BETSY 2498 NW 25 STREET	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		
12. TITLE NAME	OFFICERS AND  OGULDFARB-JURAN, BETSY	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed orginted name of registered agent OFFICERS AND OFFICERS AND GOLDFARB-JURAN, BETSY 2498 NW 25 STREET	DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND OFFICERS AND OFFICERS AND OFFICERS AND GOLDFARB-JURAN, BETSY 2498 NW 25 STREET BOCA RATON FL 33431	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
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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). 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.

SIGNATURE: