Signature, lyoud private anale of rigitational agent and list of applicable.       (MCTE: Regretational agent and list of applicable.         OFFICERS AND DIRECTORS       13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         E       U.P       Change       Addition         #       WECRN WINN SITECTORS       13       STRETADORESS       S70000 S       ACCOV A       M         #       0       DELETE       11 TITLE       QATTGEX       S7000 S       ACCOV A       M         #       0       DELETE       21 TITLE       QATTGEX       Change       Addition         #       0       DELETE       21 TITLE       QChange       Addition         #       0       DELETE       31 TITLE       QChange       Addition	COF ANNI	PROFIT RPORATION JAL REPORT <b>1999</b>		FLORIDA DEPART Katherin Secretary DIVISION OF CO	of State	FIL Mar 22, 19 Secretary 03-22-1999 9001	99 8:00 of Stat	te
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Soute, Apt. #, etc.       Soute, Apt. #, etc.<	Principal F	Place of Business		a Mailing Address	<u> </u>		Арг	plied For -
Cry & Stine  Cry				1		65-0848365	Not	t Applicable
Image: Instant Controlution         Adde to Frees           Zip         Country         20         Country         8. The organitam country set imagine personal Property Tax.         Adde to Frees         Non           9. Name and Address of Current Registered Agent         10. Name and Address of New Registered Agent           SCHWARTZ, ALAN L         81         Name         10. State and Address of New Registered Agent         10. Name and Address of New Registered Agent           SCHWARTZ, ALAN L         82         Street Address (P.O. Box Number is Not Acceptable)         10. State of Folds State	Suite, Apt.	. #, etc.		Suite, Apt. #, etc.	<u></u>	5, Certifcate of Status Desired		
Zip       Country       Zip       Country       8. This composition overs the current year interprete         9. Name and Address of Current Registered Agent       20       30       Personal Person Year       Yes       No         9. Name and Address of Current Registered Agent       81       Name       Name and Address of New Registered Agent         8. SCHWARTZ, ALAN L CO TAX HELP BSS SOUTH FEDERAL HICHWAY, #205       83       Street Address (P.O. Box Number is Not Acceptable)         8. Bock ARTON FL 33432       84       City       FL 85       Zip Code         Pursuant to the provisions of Sections 5000, SD2 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, i an handram with, and acceptable bits of Florida. Statutes the above-named corporation submits this statement for the purpose of changing its registered agent, i an handram with, and acceptable component and registered agent, i an handram with, and acceptable component so band of directors. I hereby accept the exponition are registered agent, i an handram with code acceptable component so band of directors. I hereby accept the exponition are registered agent i an sequence of the agent and hadres of Portices and Directors in 12         Barter Address View Person	City & Stat	te .		י ר י				
9. Name and Address of Current Registered Agont       10. Name and Address of New Registered Agent         9. Name and Address of Current Registered Agont       10. Name and Address of New Registered Agent         SCHWARTZ, ALAN L C/O TXX HELP BSS SOUTH FEDERAL INCHWAY, #205       81         9. Bock ARTON FL 33432       82         9. Exclustered Agent or both, in the State of Florids, Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I an familiar with, and accepte the obligations of Section 67,0505. Finds Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I an familiar with, and accepte the obligations of Section 67,0505. Finds Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I an familiar with, and accepte the obligations of Section 67,0505. Finds Statutes.         ONATURE       OFFICERS AND DIRECTORS       13. ADDITONS/CHANGES TO OFICIERS AND DIRECTORS IN 12.         OFFICERS AND DIRECTORS       13. ADDITONS/CHANGES TO OFICIERS AND DIRECTORS IN 12.         OFFICERS AND DIRECTORS       13. ADDITONS/CHANGES TO OFICIERS AND DIRECTORS IN 12.         OFFICERS AND DIRECTORS       13. ADDITONS/CHANGES TO OFICIERS AND DIRECTORS IN 12.         OFFICERS AND DIRECTORS       13. ADDITONS/CHANGES TO OFICIERS AND DIRECTORS IN 12.         OFFICERS AND DIRECTORS       13. CHARGE IN 12.         Street ADDRESS       30. CHARGE IN 12.         Streap       0 DELETE	Zip	·	/	Zip		8. This corporation owes the current y	ear Intangible	
SCHWARTZ, ALAN L C/O TAX HELP SSS SOUTH FEDERAL HIGHWAY, #205 BOCA RATON FL 33432       82       Street Address (P.O. Box Number is Not Acceptable)         83       84       City       FL asta         84       City       FL asta         85       SOUTH FEDERAL HIGHWAY, #205 BOCA RATON FL 33432       84         84       City       FL asta         85       64       City       FL asta         85       State of Florids. State of								
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State       State <td< td=""><td>BOC Pursuant office or I agent. I a GNATURE C E E E E E E E E A E E E E A E E A E E A E A E A E A E A E A E A C A A D A C A A A A A A A A A A A A A</td><td>CA RATON FL 33432 to the provisions of Sector registered agent, or both, am familiar with, and acce Signature, typed or printed name O NP MEERY LAN 2+02 MON C ITARLETTES</td><td>tions 607.0502 and in the State of Floi apt the obligations of of registered agent and the FFICERS AND DIR NSILEEW BRY LN</td><td>Ida. Such change was aut of, Section 607.0505, Florid RECTORS ATC 2339 L DELETE</td><td>84       City         84       City         s, the above-named corporation       City         Thorized by the corporation       Statutes.         Registered Agent signature required       13         1.1       TITLE         1.2       NAME         1.3       STREET ADDRESS         1.4       CIY-ST-ZIP         2.1       TITLE         2.2       NAME         2.3       STREET ADDRESS         2.4       CIY-ST-ZIP         3.1<title< td="">       3.2         3.3       STREET ADDRESS         3.4       CITY-ST-ZIP         4.1       TITLE         4.2       NAME         4.3       STREET ADDRESS</title<></td><td>ADDITIONS/CHANGES TO OFFICE ADDITIONS/CHANGES TO OFFICE N.P. LATHELINE J. SITE 570005 ARBOR CI</td><td>FL         losse of changing its         appointment as reg         ATE         IChange         S         J C&gt;         ATE         Change         Change         Change         Change         Change</td><td>RS IN 12 Addition</td></td<>	BOC Pursuant office or I agent. I a GNATURE C E E E E E E E E A E E E E A E E A E E A E A E A E A E A E A E A C A A D A C A A A A A A A A A A A A A	CA RATON FL 33432 to the provisions of Sector registered agent, or both, am familiar with, and acce Signature, typed or printed name O NP MEERY LAN 2+02 MON C ITARLETTES	tions 607.0502 and in the State of Floi apt the obligations of of registered agent and the FFICERS AND DIR NSILEEW BRY LN	Ida. Such change was aut of, Section 607.0505, Florid RECTORS ATC 2339 L DELETE	84       City         84       City         s, the above-named corporation       City         Thorized by the corporation       Statutes.         Registered Agent signature required       13         1.1       TITLE         1.2       NAME         1.3       STREET ADDRESS         1.4       CIY-ST-ZIP         2.1       TITLE         2.2       NAME         2.3       STREET ADDRESS         2.4       CIY-ST-ZIP         3.1 <title< td="">       3.2         3.3       STREET ADDRESS         3.4       CITY-ST-ZIP         4.1       TITLE         4.2       NAME         4.3       STREET ADDRESS</title<>	ADDITIONS/CHANGES TO OFFICE ADDITIONS/CHANGES TO OFFICE N.P. LATHELINE J. SITE 570005 ARBOR CI	FL         losse of changing its         appointment as reg         ATE         IChange         S         J C>         ATE         Change         Change         Change         Change         Change	RS IN 12 Addition
Y-SI-2P       Over 10-21         E       DELETE         6.1 TITLE       Change         ME       6.2 NAME         KEET ADDRESS       6.3 STREET ADDRESS         Y-SI-2P       6.4 CITY-SI-2P         . Thereby 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	BOC Pursuant office or I agent. I a GNATURE E E E E E E E E E E E E E	CA RATON FL 33432 to the provisions of Sector registered agent, or both, am familiar with, and acce Signature, typed or printed name O NP MEERY LAN 2+02 MON C ITARLETTES	tions 607.0502 and in the State of Floi apt the obligations of of registered agent and the FFICERS AND DIR NSILEEW BRY LN	ida. Such change was au of, Section 607.0505, Florid RECTORS RECTORS Arr DELETE	84     City       s, the above-named corporated a Statutes.       Registered Agent signature required a Statutes.       11       11.1       12.1       1.1       1.3       1.1       1.3       1.4       1.3       1.4       1.3       1.4       1.3       2.1       2.1       2.1       2.3       3.5       2.4       2.3       3.1       3.1       3.2       3.3       3.4       CITY-ST-ZIP       3.1       3.1       3.3       3.4       CITY-ST-ZIP       4.1       1.1       4.2       NAME       4.3       4.3       5.1       5.1       5.1	ADDITIONS/CHANGES TO OFFICE ADDITIONS/CHANGES TO OFFICE N.P. LATHELINE J. SITE 570005 ARBOR CI	FL         losse of changing its         losse of changing its         losse of changing its         losse of changing its         Image	RS IN 12 Addition
LE Change Addition ME Addition E2 NAME 6.3 STREET ADDRESS 4.4 CITY-ST-ZIP A Thereby 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	BOC Pursuant office or I agent. I a GNATURE E E E E E E E E E E E E E	CA RATON FL 33432 to the provisions of Sector registered agent, or both, am familiar with, and accord Signature, typed or printed name O NP MEERY LAN 2102 MOUN C 1110211ES	tions 607.0502 and in the State of Flor apt the obligations of of registered agent and till FFICERS AND DIR NSILENN UNCE JA	ida. Such change was au of, Section 607.0505, Florid RECTORS RECTORS Arr DELETE	84       City         84       City         s, the above-named corporated a Statutes.         Registered Agent signature required         13.         1.1 TITLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY-ST-ZIP         2.1 TITLE         2.2 NAME         2.3 STREET ADDRESS         2.4 CITY-ST-ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4 CITY-ST-ZIP         4.1 TITLE         4.2 NAME         4.3 STREET ADDRESS         4.4 CITY-ST-ZIP         5.1 TITLE         5.2 NAME	ADDITIONS/CHANGES TO OFFICE ADDITIONS/CHANGES TO OFFICE N.P. LATHELINE J. SITE 570005 ARBOR CI	FL         losse of changing its         losse of changing its         losse of changing its         losse of changing its         Image	RS IN 12 Addition
ME REET ADDRESS Y- ST-ZIP A. 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	BOC Pursuant office or I agent. I a GNATURE E E E E E E E E E E A E E E E A E E E A C S S S S S S S S S S S S S	CA RATON FL 33432 to the provisions of Sector registered agent, or both, am familiar with, and accord Signature, typed or printed name O NP MEERY LAN 2102 MOUN C 1110211ES	tions 607.0502 and in the State of Flor apt the obligations of of registered agent and till FFICERS AND DIR NSILENN UNCE JA	ida. Such change was au of, Section 607.0505, Florid RECTORS RECTORS Arr DELETE	84     City       s, the above-named corporated Agent signature required Agent signature agent signature agent a	ADDITIONS/CHANGES TO OFFICE ADDITIONS/CHANGES TO OFFICE N.P. LATHELINE J. SITE 570005 ARBOR CI	FL         losse of changing its         losse of changing its         losse of changing its         losse of changing its         Image	RS IN 12 Addition
6.4 CITY- ST-ZIP 6.4 CITY- ST-ZIP 1. 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	BOC Pursuant office or I agent. 1 a GNATURE CE REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE	CA RATON FL 33432	tions 607.0502 and in the State of Flor apt the obligations of of registered agent and till FFICERS AND DIR NSILENN UNCE JA	ida. Such change was au of, Section 607.0505, Florid le if applicable. (NOTE: F RECTORS RECTOR	84       City         84       City         s, the above-named corporated Statutes.         Registered Agent signature required         13.         1.1 TITLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY-ST-ZIP         2.1 TITLE         2.2 NAME         2.3 STREET ADDRESS         2.4 CITY-ST-ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4 CITY-ST-ZIP         4.1 TITLE         4.2 NAME         4.3 STREET ADDRESS         4.4 CITY-ST-ZIP         5.1 TITLE         5.2 NAME         5.3 STREET ADDRESS         5.4 CITY-ST-ZIP         6.1 TITLE	ADDITIONS/CHANGES TO OFFICE ADDITIONS/CHANGES TO OFFICE N.P. LATHELINE J. SITE 570005 ARBOR CI	FL         losse of changing its         losse of changing its         losse of changing its         losse of change         Image         Image	RS IN 12 RS IN 12 Addition Addition Addition
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	BOC Pursuant office or I agent. I a GNATURE E REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME	CA RATON FL 33432	tions 607.0502 and in the State of Flor apt the obligations of of registered agent and till FFICERS AND DIR NSILENN UNCE JA	ida. Such change was au of, Section 607.0505, Florid le if applicable. (NOTE: F RECTORS RECTOR	84       City         Statutes.       Statutes.         Registered Agent signature required       13.         1.1 TITLE       1.2 NAME         1.3 STREET ADDRESS       14.         2.1 TITLE       2.2 NAME         2.3 STREET ADDRESS       2.4 CITY-ST-ZIP         3.1 TITLE       3.2 NAME         3.3 STREET ADDRESS       2.4 CITY-ST-ZIP         3.1 TITLE       3.2 NAME         3.3 STREET ADDRESS       3.4. CITY-ST-ZIP         4.1 TITLE       4.2 NAME         4.3 STREET ADDRESS       4.4 CITY-ST-ZIP         5.1 TITLE       5.2 NAME         5.3 STREET ADDRESS       5.4 CITY-ST-ZIP         5.1 TITLE       5.2 NAME         5.3 STREET ADDRESS       5.4 CITY-ST-ZIP         6.1 TITLE       6.2 NAME	ADDITIONS/CHANGES TO OFFICE ADDITIONS/CHANGES TO OFFICE N.P. LATHELINE J. SITE 570005 ARBOR CI	FL         losse of changing its         losse of changing its         losse of changing its         losse of change         Image         Image	RS IN 12 RS IN 12 Addition Addition Addition
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 charged, or on an estachment with an address, with all other like empowered.	BOC Pursuant office or I agent. I a GNATURE E REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE	CA RATON FL 33432	tions 607.0502 and in the State of Flor apt the obligations of of registered agent and till FFICERS AND DIR NSILENN UNCE JA	ida. Such change was au of, Section 607.0505, Florid le if applicable. (NOTE: F RECTORS RECTOR	84       City         statutes.       Statutes.         Registered Agent signature requests       Statutes.         1.1       TITLE         1.2       NAME         1.3       STREET ADDRESS         1.4       CITY-ST-ZIP         2.1       TITLE         2.2       NAME         2.3       STREET ADDRESS         2.4       CITY-ST-ZIP         3.1       TITLE         3.2       NAME         3.3       STREET ADDRESS         3.4       CITY-ST-ZIP         3.1       TITLE         3.2       NAME         3.3       STREET ADDRESS         3.4       CITY-ST-ZIP         4.1       TITLE         5.2       NAME         5.3       STREET ADDRESS         5.4       CITY-ST-ZIP         5.1       TITLE         5.2       NAME         5.3       STREET ADDRESS         5.4       CITY-ST-ZIP         6.1       TITLE         6.3       STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE ADDITIONS/CHANGES TO OFFICE N.P. LATHELINE J. SITE 570005 ARBOR CI	FL         losse of changing its         losse of changing its         losse of changing its         losse of change         Image         Image	RS IN 12 RS IN 12 Addition Addition Addition