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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT#	P9800005	, 7007°
1. Corporation Name		
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FILED May 04, 1999 8:00 am Secretary of State 05-04-1999 90011 038 ***150.00

1. Corporation Pen	on Name 15acola Lir	nens'n Thin	ngs, Inc							
Principal Place of Business Mailing Address Attn: Michelle Simonetti										
6 Brighton Rd.				DO NOT WRITE IN THIS SPACE						
6 Brighton Rd. Clifton, NJ 07015				3. Date Incor	3. Date Incorporated or Qualified O7/O6/98					
2. Principal F	Place of Business	2a. Mail	ing Address		4. FEI Number			As	optied For	
21 26			59	-35212	197	Ne	ot Applicable	ĺ		
Suite, Apt	t. #, etc.	Suite 27	e, Apt. #, etc.	-	5. Certifcate	of Status Desired		•	Additional equired	
City & Sta	nte		& State		6. Election Ca	ampaign Financing		\$5.00	May Be	
23		28				Contribution		-	to Fees	
- Zip	Country	Zip-		Country	8. This corpo	ation owes the curr	ent year inta	ingible		=
24	25	29		:0		roperty Tax.		Yes	□No	
		ss of Current Registered		(94) 1/	10. Name and	Address of New R	Registered A	Agent		
U	OrDOLA HON	~ Jervice	Compa	2/1/2/81 Name						
,	2 11 - 2	. 51	- 7	/ 82 Street Ac	ddress (P.O. Box Nu	mber is Not Accepta	ible)			
/,	201 Hays	SHELL B, FL 33		83						
7	TIDHASSE	2 FL 35	1301-25	[25]°		,				
	ara most	-,		84 City			FL	85 Zip	Code	
office or i	registered agent, or both,	ons 607.0502 and 607.150 in the State of Florida. Su opt the obligations of, Secti	ch change was auti	horized by the corpora	orporation submits the ation's board of direct	is statement for the tors. I hereby accep	purpose of control	hanging its tment as re	registered gistered	
SIGNATURE					}			عمر	i	
SIGNATURE		of registered agent and title if applica	ble. (NOTE: R	egistered Agent signature requ	uired when reinstating)		DATE	<u>پر</u> 		á
12.	Signature, typed or printed name	of registered agent and title if applica FFICERS AND DIRECTOR	RS	13.		CHANGES TO OFF	FICERS AND			(80)
12.	Signature, typed or printed name OF	FICERS AND DIRECTOR		13.		CHANGES TO OFF	FICERS AND	D DIRECTO	DRS IN 12	(11/08)
12. TITLE NAME	Signature, typed or printed name OF	FICERS AND DIRECTOR	RS	13. 1.1 TITLE 1.2 NAME		CHANGES TO OFF	FICERS AND			(44/08)
12. TITLE NAME STREET ADDRESS	Stynature, typed or printed name OF PD Axelrod By 19 h to.	FICERS AND DIRECTOR	RS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		CHANGES TO OFF	FICERS AND			0007 (11/08)
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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: