PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000059714

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							Incorporated or Qualifec	l			
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—	Principal Place of	of Business	2a, Mailing Address	-		4. FEI	Number 5-084962	7	·	plied For at Applicable	ł
21		26 Suite, Apt. #, etc.				<i>©</i> :	65-08 1 10a 1		\$8.75		ı
Ъ ,	Suite, Apt. #, etc	c .	<u>⊢</u> ,			5. Cert	ifcate of Status Desired		Fee Re		
22	Ch. A Ch. I		City & State			Ø Elea	tion Campaign Financing		\$5.00	May Pa	1
Ь	City & State		28			I	it Fund Contribution		Added 1		
23	Zip _	Country	Zip	Cou	intry		corporation owes the cur	rent year inta	angible		1.
24	2.10	25	29	30			sonal Property Tax.		X Yes _	□No	
241	9.	Name and Address of Curre		1001		10. Nan	ne and Address of New	Registered /	gent		l
<u> </u>					81 Name						(
ĺ '	SIEGEL, I	LORI			82 Street	Address (P O F	Soy Number is Not Accen	table)			1
100-C NW 11TH ST					Street Address (P.O. Box Number is Not Acceptable)]
Ι.	BOCA RA	ATON FL 33432			83			·			1
[•			84 City		<u> </u>		85 Zip (Code	i
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11	. Pursuant to the	provisions of Sections 607.05	02 and 607.1508, Florida Stat	tutes, the s	above-named	corporation sub	mits this statement for the	purpose of	changing its	registered	l
11	. Pursuant to the office or registe agent. I am fam	e provisions of Sections 607.05 ared agent, or both, in the State niliar with, and accept the oblig	02 and 607.1508, Florida State of Florida. Such change was ations of, Section 607.0505, F	tutes, the a authorize lorida Stat	above-named d by the corpo tutes.	corporation sub pration's board of	mits this statement for the of directors. I hereby acce	purpose of o	changing its itment as re	registered gistered	
Ł		e provisions of Sections 607.05 ered agent, or both, in the State niliar with, and accept the oblig							changing its itment as re	registered gistered	
SI	GNATURE Signate	ture, typed or printed name of registered ag	ent and title if applicable. (NO	ITE: Registere		equired when minstall	no)	DATE			100
12	GNATURE Signati	ture, typed or printed name of registered ag	ent and title if epplicable. (NO ND DIRECTORS	TE: Registere	d Agent signature n	equired when minstall		DATE	D DIRECTO	RS IN 12	14/00/
12 111	GNATURE Signet	ture, typed or printed name of registered ag	ent and title if applicable. (NO	TE: Registere 13.	d Agent signature o	ADDI	no) Tions/Changes to oi Tiritilli	DATE			4 (44/00)
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6.4 CTY-ST-ZP

14. I hereby cartify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further cartify that the information indicated on this enurual 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 of an attachment with an address, with all other like empowered.

SAICITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

B.2 NAME

SIGNATURE:)

1.:

CITY-ST-ZIP.

STREET ADDRESS

TITLE

NAME

TAGING PRINTED AND OF BIGHING OFFICER OR DIRECTOR

LOVI SISSEL

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DELETE

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Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90093 023 ***150.00

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Addition

Change