**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000059897 1. Corporation Name

|                                                                                                                                                                                                                     | IIP DESIGN, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                                                            |                                                                                                                                              |                                                                                                                                                               |                                                                   |                                                                                                               |                      |                                                  |                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------------|-----------------|
| Principal Plac                                                                                                                                                                                                      | ce of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | M                          | ailing Address                                                             |                                                                                                                                              |                                                                                                                                                               |                                                                   | - 7 (80 (1085 (19 ) Fri Dr 1971) s gailt maint amin ann ann ann                                               | III 1818I II         | IPD IMPH INDI INST                               |                 |
| 706 SE 24 STREET 706 SE 24 STREET                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                                                                            |                                                                                                                                              |                                                                                                                                                               |                                                                   |                                                                                                               |                      |                                                  |                 |
| FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                                                                            |                                                                                                                                              |                                                                                                                                                               |                                                                   | DO NOT WRITE IN THIS SE                                                                                       | DACE                 |                                                  |                 |
| ļ                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                                                                            |                                                                                                                                              |                                                                                                                                                               |                                                                   | 3. Date incorporated or Qualifed                                                                              | ACE                  |                                                  | 1               |
| )                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                                                                            |                                                                                                                                              |                                                                                                                                                               |                                                                   |                                                                                                               |                      | ı                                                | ŀ               |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 0-                       | Navitas Adda                                                               |                                                                                                                                              |                                                                                                                                                               |                                                                   | 07/07/1998                                                                                                    |                      | Applied For                                      |                 |
| 2. Principal Place of Business 2a. Mailing Address                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                                                                            |                                                                                                                                              |                                                                                                                                                               |                                                                   | 65-0853454                                                                                                    |                      | Vot Applicable                                   |                 |
| 21 Suite, Apt                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 26                         | Suite, Apt. #, etc.                                                        |                                                                                                                                              |                                                                                                                                                               |                                                                   |                                                                                                               | <del></del>          | Additional                                       |                 |
| <b>⊢</b>                                                                                                                                                                                                            | i. #, #iG.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 27                         | Oute, Apr. #, otc.                                                         |                                                                                                                                              |                                                                                                                                                               |                                                                   | 5. Certificate of Status Desired                                                                              |                      | Required                                         | ŀ               |
| City & Sta                                                                                                                                                                                                          | ate .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | - 21                       | City & State                                                               | ===.                                                                                                                                         | <u>.</u>                                                                                                                                                      |                                                                   | 6. Election Campaign Financing                                                                                | ≈ <b>\$</b> 5.0      | O-May Be                                         | -               |
| 23                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 28                         | - ,                                                                        |                                                                                                                                              |                                                                                                                                                               |                                                                   | Trust Fund Contribution                                                                                       |                      | d to Fees                                        |                 |
| Zip                                                                                                                                                                                                                 | Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | -  -91                     | Zip                                                                        | Cou                                                                                                                                          | ntry                                                                                                                                                          |                                                                   | B. This corporation owes the current year Intang                                                              | gible                |                                                  |                 |
| 24                                                                                                                                                                                                                  | 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 29                         | ·                                                                          | 30                                                                                                                                           |                                                                                                                                                               |                                                                   | Personal Property Tax.                                                                                        | Yes                  | □No                                              |                 |
| 1                                                                                                                                                                                                                   | 9. Name and Address of Curren                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | t Regis                    | stered Agent                                                               |                                                                                                                                              |                                                                                                                                                               |                                                                   | 10. Name and Address of New Registered Ag                                                                     | <del>jent</del>      |                                                  |                 |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                                                                            |                                                                                                                                              | 81                                                                                                                                                            | Name                                                              | •                                                                                                             |                      |                                                  | 1               |
|                                                                                                                                                                                                                     | ODIG, GREGORY J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                                                                            |                                                                                                                                              | 82                                                                                                                                                            | Street Addre                                                      | ess (P.O. Box Number is Not Acceptable)                                                                       |                      |                                                  | 1               |
| 100 W CYPRESS CREEK ROAD STE 700                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                                                                            |                                                                                                                                              |                                                                                                                                                               |                                                                   |                                                                                                               |                      | <u> </u>                                         |                 |
| FT!                                                                                                                                                                                                                 | LAUDERDALE FL 33309                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                            |                                                                                                                                              | 83                                                                                                                                                            |                                                                   |                                                                                                               |                      |                                                  |                 |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                                                                            |                                                                                                                                              | 84                                                                                                                                                            | City                                                              |                                                                                                               | 85 ZI                | p Code                                           |                 |
| }                                                                                                                                                                                                                   | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |                                                                            |                                                                                                                                              |                                                                                                                                                               | •                                                                 | <u>FL</u>                                                                                                     |                      |                                                  |                 |
| 11. Pursuan<br>office or<br>agent.                                                                                                                                                                                  | t to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations of the control o | 2 and 6 of Florid tions of | 07.1508, Florida Statu<br>da. Such change was a<br>, Section 607.0505, Flo | tes, the all<br>juthorized<br>prida Statu                                                                                                    | bove<br>i by t<br>utes.                                                                                                                                       | -named corporation                                                | oration submits this statement for the purpose of ch<br>in's board of directors. I hereby accept the appointn | nanging i<br>ment as | registered                                       |                 |
| SIGNATURE                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                                                                            |                                                                                                                                              |                                                                                                                                                               |                                                                   |                                                                                                               |                      |                                                  |                 |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                                                                            |                                                                                                                                              |                                                                                                                                                               |                                                                   |                                                                                                               | ,                    |                                                  | ١.              |
|                                                                                                                                                                                                                     | Signature, lyped or printed name of registered ager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                            |                                                                                                                                              | Agent                                                                                                                                                         | signature required                                                | when reinstating) DATE                                                                                        | DIRECT               | OPS IN 12                                        | á               |
| 12.                                                                                                                                                                                                                 | Signature, typed or printed name of registered ager<br>OFFICERS AN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            | CTORS                                                                      | 13.                                                                                                                                          |                                                                                                                                                               | signature required                                                | ADDITIONS/CHANGES TO OFFICERS AND                                                                             | DIRECT               |                                                  | 14/09/          |
| 12.                                                                                                                                                                                                                 | Signature, typed or printed name of registered ejection OFFICERS AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |                                                                            | 13.                                                                                                                                          | TLE                                                                                                                                                           | signature required                                                | ADDITIONS/CHANGES TO OFFICERS AND                                                                             |                      |                                                  |                 |
| 12.<br>TITLE<br>NAME                                                                                                                                                                                                | Signature, typed or printed name of registanted ager OFFICERS AN D NURRAY, WILLIAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            | CTORS                                                                      | 13.<br>1.1 TII<br>12 NA                                                                                                                      | TLE<br>VME                                                                                                                                                    |                                                                   | ADDITIONS/CHANGES TO OFFICERS AND                                                                             |                      |                                                  |                 |
| 12. TITLE NAME STREET ADDRESS                                                                                                                                                                                       | Signature, typed or printed name of registared ager OFFICERS AN D MURRAY, WILLIAM s 705 SE 24 STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            | CTORS                                                                      | 13.<br>1.1 TII<br>1.2 NA<br>1.3 ST                                                                                                           | TLE<br>WIE<br>REET                                                                                                                                            | ADDRESS                                                           | ADDITIONS/CHANGES TO OFFICERS AND                                                                             |                      |                                                  | 7602            |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                           | Signature, typed or printed name of registared ager OFFICERS AN D MURRAY, WILLIAM 5 705 SE 24 STREET FT LAUDERDALE FL 33316                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D DIRE                     | CTORS DELETE                                                               | 13.<br>1.1 TH<br>12 NA<br>1.3 ST<br>1.4 CT                                                                                                   | TLE<br>WE<br>REET /                                                                                                                                           | ADDRESS                                                           | ADDITIONS/CHANGES TO OFFICERS AND                                                                             |                      | e ☐ Addition                                     | 7602            |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                           | Signature, typed or printed name of registared ager OFFICERS AN  D MURRAY, WILLIAM 705 SE 24 STREET FT LAUDERDALE FL 33316                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DORE                       | OF DELETE                                                                  | 13.<br>1.1 TII<br>1.2 NA<br>1.3 ST<br>1.4 CT<br>2.1 TII                                                                                      | TLE<br>NME<br>REET /<br>TY-ST-<br>TLE                                                                                                                         | ADDRESS                                                           | ADDITIONS/CHANGES TO OFFICERS AND                                                                             | Change               | e ☐ Addition                                     | 7602            |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                                                                                                                                                                | Signature, typed or printed name of registared ager OFFICERS AN  D MURRAY, WILLIAM 705 SE 24 STREET FT LAUDERDALE FL 33316                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DORE                       | OF DELETE                                                                  | 13.<br>1.1 TII<br>1.2 NA<br>1.3 ST<br>1.4 CII<br>2.1 TII<br>2.2 NA                                                                           | TLE  WE  TY-ST- TLE  WE                                                                                                                                       | ADDRESS<br>-ZIP                                                   | ADDITIONS/CHANGES TO OFFICERS AND                                                                             | Change               | e ☐ Addition                                     | 7602            |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                                                                                                                 | Signature, typed or printed name of registaried ager  OFFICERS AN  D MURRAY, WILLIAM  705 SE 24 STREET  FT LAUDERDALE FL 33316  VICE PRESIDENT / DI CHARLES A RAHA  TOC SE 24 STREE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | IREC<br>S<br>EET           | OFLETE                                                                     | 13.<br>1.1 TII<br>1.2 NA<br>1.3 ST<br>1.4 CI<br>2.1 TII<br>2.2 NA<br>2.3 ST                                                                  | TLE TREET / TY-ST- TLE TME TREET /                                                                                                                            | ADDRESS -ZIP                                                      | ADDITIONS/CHANGES TO OFFICERS AND                                                                             | Change               | e ☐ Addition                                     | 7602            |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                     | Signature, typed or printed name of registared ager  OFFICERS AN  D MURRAY, WILLIAM  705 SE 24 STREET  FT LAUDERDALE FL 33316  VICE PRESIDENT /DI CHARLES A. RAHA  5 705 SE 24 STREE  FORT LAUDERDALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | IREC<br>S<br>EET           | OFLETE                                                                     | 13.<br>1.1 TII<br>1.2 NA<br>1.3 ST<br>1.4 CT<br>2.1 TII<br>2.2 NA<br>2.3 ST<br>2.4 CI                                                        | TLE REET / TY-ST- TLE UME REET /                                                                                                                              | ADDRESS -ZIP                                                      | ADDITIONS/CHANGES TO OFFICERS AND                                                                             | Change               | Addition  Addition                               | CD2E034 (11/08) |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                                                                                                               | Signature, typed or printed name of registared ager OFFICERS AN  D MURRAY, WILLIAM  705 SE 24 STREET  FT LAUDERDALE FL 33316  VICE PRESIDENT /DI CHARLES A. RAHN  705 SE 24 STREE  FORT LAUDERDALE  SELRETARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | IREC<br>S<br>FL            | TOR DELETE  333/6                                                          | 13.<br>1.1 TII<br>1.2 NA<br>1.3 ST<br>1.4 CI<br>2.1 TII<br>2.2 NA<br>2.3 ST                                                                  | TLE TREET / TY-ST- TLE UME TREET / TY-ST                                                                                                                      | ADDRESS -ZIP                                                      | ADDITIONS/CHANGES TO OFFICERS AND                                                                             | Change               | Addition  Addition                               | 7602            |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                                                                                                                          | Signature, typed or printed name of registared ager OFFICERS AN  D MURRAY, WILLIAM  705 SE 24 STREET  FT LAUDERDALE FL 33316  VICE PRESIDENT /DI CHARLES A. RAHN  705 SE 24 STREE  FORT LAUDERDALE  SELRETARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | IREC<br>S<br>FL            | TOR DELETE  333/6                                                          | 13.<br>1.1 TII<br>1.2 NA<br>1.3 ST<br>1.4 CT<br>2.1 TII<br>2.2 NA<br>2.3 ST<br>2.4 CI<br>3.1 TII<br>3.2 NA                                   | TLE THE TY-ST- TLE THE THE TY-ST TLE THE THE THE THE THE THE THE THE                                                                                          | ADDRESS -ZIP                                                      | ADDITIONS/CHANGES TO OFFICERS AND                                                                             | Change               | Addition  Addition                               | 7602            |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS                                                                                            | Signature, typed or printed name of registared ager OFFICERS AN  D MURRAY, WILLIAM  705 SE 24 STREET  FT LAUDERDALE FL 33316  VICE PRESIDENT /DI CHARLES A. RAHN  705 SE 24 STREE  FORT LAUDERDALE  SELRETARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | IREC<br>S<br>FL            | TOR DELETE  333/6                                                          | 13.<br>1.1 TII<br>1.2 NA<br>1.3 ST<br>1.4 CT<br>2.1 TII<br>2.2 NA<br>2.3 ST<br>2.4 CI<br>3.1 TII<br>3.2 NA<br>3.3 ST                         | TLE REET / TY-ST- TLE REET / TY-ST TLE REET / TLE REET /                                                                                                      | ADDRESS -ZIP ADDRESS 1-ZIP ADDRESS                                | ADDITIONS/CHANGES TO OFFICERS AND                                                                             | Change               | Addition  Addition                               | 7602            |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                               | Signature, typed or printed nerice of registared ager OFFICERS AN D MURRAY, WILLIAM 705 SE 24 STREET FT LAUDERDALE FL 33316 VICE PRESIDENT / DI CHARLES A. RAHA 705 SE 24 STREE FORT LAUDERDALE SECRETARY PATRICK DUPUIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | IREC<br>S<br>FL            | TOR DELETE  333/6                                                          | 13.<br>1.1 TII<br>1.2 NA<br>1.3 ST<br>1.4 CT<br>2.1 TII<br>2.2 NA<br>2.3 ST<br>2.4 CI<br>3.1 TII<br>3.2 NA<br>3.3 ST                         | TLE TREET / TY-ST- TLE TREET / TY-ST- TLE TREET / TY-ST- TLE TREET / TY-ST-                       | ADDRESS -ZIP ADDRESS 1-ZIP ADDRESS                                | ADDITIONS/CHANGES TO OFFICERS AND                                                                             | Change               | Addition  Addition  Addition  Addition           | 7602            |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME                                                              | Signature, typed or printed name of registared ager OFFICERS AN  D MURRAY, WILLIAM  705 SE 24 STREET  FT LAUDERDALE FL 33316  VICE PRESIDENT /DI CHARLES A. RAHN  705 SE 24 STREE  FORT LAUDERDALE  SELRETARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | IREC<br>S<br>FL            | TOR DELETE  333/6  DELETE                                                  | 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI                                                   | TLE TY-ST- TLE TY-ST- TLE TY-ST TLE TY-ST TLE TY-ST TTY-ST TTY-ST                                                                                             | ADDRESS -ZIP ADDRESS 1-ZIP ADDRESS                                | ADDITIONS/CHANGES TO OFFICERS AND                                                                             | Change               | Addition  Addition  Addition  Addition           | 7602            |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                                              | Signature, typed or printed nerms of registared ager OFFICERS AN  D MURRAY, WILLIAM  705 SE 24 STREET  FT LAUDERDALE FL 33316  VICE PRESIDENT /DI CHARLES A. RAHN  705 SE 24 STREE  FORT LAUDERDALE  SECRETARY PATRICK DUPUIS  705 SE 24 STREE  FORT LAUDERDALE,  FORT LAUDERDALE,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | IREC<br>S<br>FL            | TOR DELETE  333/6  DELETE                                                  | 13. 1.1 TII 12 NA 13 ST 14 CT 21 TII 22 NA 23 ST 24 CI 3.1 TII 32 NA 33 ST 34 CI 4.1 TII 4.2 NA                                              | TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TT-ST- TT-ST- TT-ST- TT-ST- TT-ST- TT-ST- TT-ST- TT- T                                                            | ADDRESS -ZIP ADDRESS 1-ZIP ADDRESS                                | ADDITIONS/CHANGES TO OFFICERS AND                                                                             | Change               | Addition  Addition  Addition  Addition           | 7602            |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS | Signature, typed or printed nerms of registared ager OFFICERS AN  D MURRAY, WILLIAM  705 SE 24 STREET  FT LAUDERDALE FL 33316  VICE PRESIDENT /DI CHARLES A. RAHN  705 SE 24 STREE  FORT LAUDERDALE  SECRETARY PATRICK DUPUIS  705 SE 24 STREE  FORT LAUDERDALE,  FORT LAUDERDALE,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | IREC<br>S<br>FL            | TOR DELETE  333/6  DELETE                                                  | 13. 1.1 TII 12 NA 13 ST 14 CT 21 TII 22 NA 23 ST 24 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA 4.9 ST                                    | TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TT-ST- TT-ST- TT-ST- TT-ST- TT-ST- TT-ST- TT-ST- TT- T                                                            | ADDRESS -ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS               | ADDITIONS/CHANGES TO OFFICERS AND                                                                             | Change Change        | Addition  Addition  Addition  Addition           | 7602            |
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| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS                | Signature, typed or printed nerms of registared ager  OFFICERS AN  D MURRAY, WILLIAM  705 SE 24 STREET  FT LAUDERDALE FL 33316  VICE PRESIDENT /DI CHARLES A. RAHA  STOS SE 24 STREE  FORT LAUDERDALE  SECRETARY  PATRICK DUPUIS  705 SE 24 STREE  FORT LAUDERDALE  SFORT LAUDERDALE  SFORT LAUDERDALE  SFORT LAUDERDALE  STOS SE 24 STREET  FORT LAUDERDALE  SECRETARY  PATRICK DUPUIS  105 SE 24 STREET  FORT LAUDERDALE  SECRETARY  PATRICK DUPUIS  105 SE 24 STREET  105 S | IREC<br>S<br>FL            | TOR DELETE  333/6 DELETE  333/6 DELETE                                     | 13. 1.1 TII 12 NA 1.3 ST 1.4 CT 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4. CI 4.1 TII 4.2 NA 4.3 ST 4.4 CT 5.1 TII 5.2 NA       | TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE TREET / TY-ST- TLE TREET / | ADDRESS -ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS -ZIP  ADDRESS | ADDITIONS/CHANGES TO OFFICERS AND                                                                             | Change Change        | Addition  Addition  Addition  Addition  Addition | 7603            |
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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 affect 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90022 032 \*\*\*150.00