05-01-1999 90075 034 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # POROGOTORGS

1. Corporation	ULB CENTER, INC.	07000				
Principal Place of Business Mailing Address					F INDIIOSI IID FAISI INIIS ENITI OBIII NOII) BU	ii iaan sana ana saar
29 S FEDERAL HWY DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441					DO NOT WRITE IN TH	IS SPACE
	-				3. Date Incorporated or Qualifed 08/10/1998	
Principal Place of Business     2a. Mailing Address					4. FEI Number	Applied For
21 26					65-0857176	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23	28				Trust Fund Contribution	Added to Fees
Zip			Count	ry	8. This corporation owes the current year	
24	25	29 3	0		Personal Property Tax.	Yes \( \square\) No
•	9. Name and Address of Currer	t Registered Agent		1 Name	10. Name and Address of New Registers	ed Agent
29 S FEDERAL HWY DEERFIELD BEACH FL 33441  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida.				3 City	poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate the purpose in the p	of changing its registered
SIGNATURE		A condition of continuous (NOTE: R	Penistered Ad	sent signature requir	ed when reinstating) DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg  12. OFFICERS AND DIRECTORS				John Dightstelle Texter	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE			13.	- T		☐ Change ☐ Addition
NAME			1.2 NAM	E		
STREET ADDRESS	7110/		1.3 STRE	EET ADDRESS		
CITY-ST-ZIP	Boca Raton, FL 33	• " = = = -	1.4 CITY	- 1	•	
TITLE	Vice President/Sec	retary DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	Judy L. Vanden Ber	_	2.2 NAME			
STREET ADDRESS	,		2.3 STR	EET ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			(-ST-ZIP	· ·	
TITLE	Buca Raton, IL 33	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAM	E		
STREET ADDRESS			3.3 STRI	EET ADORESS	,	<i>:</i>
CITY-ST-ZIP				r-ST-ZIP		\$
TITLE		☐ DELETE	4.1 TITL			☐ Change ☐ Addition
NAME	j		4. 2 NAN	<b>(€</b>		l

6,4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. By: Donald L. Vanden Berg, Pres.

4.3 STREET ADDRESS

5,3 STREET ADDRESS

6,3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

ππε

NAME

DELETE

DELETE

Addition

☐ Addition

Change

☐ Change