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 # P98000074911

1. Corporation Name

2423 VAN BUREN STREET, CORPORATION

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90033 040 ***150.00

	DO NOT WRITE IN THIS SPACE
ate l	Incorporated or Qualifed

								ENN NENN ENEN			
Principal Place	e of Business	·=·	Address				,	*			
2404 HOLLYWO			LLYWOOD BLVD.								
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020							DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed 08/27/1998				
2 Dain ain at O	lane of Duninger	7- Mail	ing Address				4. FEI Number (2) 21 4 4		Δpr	olied For	
├ ── `	lace of Business AME Above	26 Wan	Same.	. Xbove			65-0863642	 		Applicable	
Suite, Apt.			e, Apt. #, etc.	7700			W 3 6 3 5 4 135	\$8.		dditional	
22	r, 000.	27	o,				5. Certificate of Status Desired [* ,	ee Rec		
City & State			& State				6. Election Campaign Financing	\$5	.00	May Be	
23		28					Trust Fund Contribution	Ac	ided to	Fees	
Zip	Country	Zip		Cou	ntry		8. This corporation owes the current year	Intangible		,	
24	25	29		30	_		Personal Property Tax.	☐ Ye:	<u>:</u>	No	
	9. Name and Address of Curre	ent Registered	Agent				10. Name and Address of New Register	ed Agent			
					81	Name					
	L, STEVEN J				82	Street Add	dress (P.O. Box Number is Not Acceptable)				
E.	HOLLYWOOD BLVD.					000000	,				
HOL	LYWOOD FL 33020				83						
					84	City		85	Zip C	ode	
	•					-		-Ŀ	•		
office or n agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. St	ich change was a	iutnorized	Dy '	tne corporat	poration submits this statement for the purposition's board of directors. I hereby accept the a	e of changi pointment	ng its r as reg	egistered istered	
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applic	able. (NOTE	: Registered	Ágen	nt signature requir	red when reinstating) DATE	<u> </u>			
12.		AND DIRECTO		13.			ADDITIONS/CHANGES TO OFFICERS				
TITLE	PTD		☐ DELETE	1.1 TIT	LE			☐ Ch	ange	Addition	
NAME	SCHAEFER, DENNIS L			1.2 NA	ME						
STREET ADDRESS	2404 HOLLYWOOD BLVD.			1.3 ST	REET	ADDRESS					
CITY-ST-ZIP	HOLLYWOOD FL 33020			1.4 CF	TY-51	T-ZIP					
TITLE	VSD		☐ DELETE	2.1 TIT	LE			□ Ch	ange	☐ Addition	
NAME	DELL, STEVEN J			2.2 NA	ME	1					
STREET ADDRESS	2404 HOLLYWOOD BLVD.			2.3 ST	REET	ADORESS					
CITY-ST-ZIP	HOLLYWOOD FL 33020			2.4 C	TY-S	ST-ZIP					
TITLE			☐ DELETE	3.1 717	ΓLE			□ ch	ange	☐ Addition	
NAME				3.2 NA	ΜE	1					
STREET ADDRESS				3 3 ST	REET	TADORESS	•	·		ļ	
CITY-ST-ZIP				3.4. CI	TY-S	T-ZIP					
TITLE			☐ DELETE	4,1 TIT	ΠE			CH	ange	☐ Addition	
NAME				4. 2 N	AME					,	
STREET ADDRESS				4.3 ST	REET	T ADDRESS		•		Į.	
CITY-ST-ZIP				44 CF	TY-\$7	T-ZIP					
TITLE			☐ DELETE	5.1 TF	_	ĺ			ange	☐ Addition	
NAME				5.2 NA	ME						
STREET ADDRESS				5.3 ST	REET	T ADDRESS	•				
CITY-ST-ZIP				5.4 Cf	TY-51	T-ZIP					
TITLE			☐ DELETE	6.1 TI	ILE			□ Ch	ange	Addition	
NAME		Λ		6.2 NA	ME					į.	
STREET ADDRESS		ΛM		6.3 ST	REET	TADDRESS					

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

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR