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 # P98000077812

1: Corporation Name

Principal Place of Business		Mailing	Mailing Address			
6518 NW 103 LANE PARKLAND FL 33076		6518 NW 103 LANE PARKLAND FL 33076				
2. Principal Pla	ce of Business	2a. Ma	ailing Address	. ,,		
Suite, Apt. #	, etc.	27 Su	ite, Apt. #, etc.	_		
	the second secon	28 Cir	ty & State ·	-		
Zip 24	Country 25	29 Zip)	30 Co	untry	
	9. Name and Address of Cu		ed Agent			
					81	Name
WAXMAN, JEFFREY B					82	Street Addres

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90259 031 ***150.00

Principal Place of Business .		Mailing Address						
6518 NW 103 LANE		6518 NW 103 LANE						
PARKLAND FL 33076		Parkland FL 33076	PARKLAND FL 33076		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	STACE		
	•				1 **		Ì	
					09/04/1998	1	- K - 1 C	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number 65-0865276	<u> </u>	olied For	
		26			65-0003AT6		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A		
22		27				Fee Re	•	
City & State		City & State	City & State		6, Election Campaign Financing	\$5.00		
					Trust Fund Contribution Added to Fees			
Zip Country		Zip	Zip Country		8. This corporation owes the current year Intangible			
24	25	29	30		Personal Property Tax. ☐ Yes ☑ No			
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered	Agent		
			8	31 Name				
1	(MAN, JEFFREY B			Street Add	dress (P.O. Box Number is Not Acceptable)		*******	
	3 NW 103 LANE		82 Street Add		uless (1.0. box (fullibor to trot) toopiasis)			
PAR	KLAND FL 33076		1	33				
			<u> </u>			11 75-6		
			1	34 City	FI	85 Zip C	ode	
44 Diversional	to the provisions of Sections 607 050	22 and 607 1508 Florida Sta	tutes the ahr	ve-named co	rogration submits this statement for the ournose of	f changing its	registered	
office or r	renistered agent or both in the State	of Florida, Such change was	s authorized i	ov tne comora	tion's board of directors. I hereby accept the appoint	intment as reg	jistered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, F	Florida Statut	es.				
SIGNATURE					ired when reinstating) DATE		{	
ļ	Signature, typed or printed name of registered age	ND DIRECTORS		gent signature requi	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	PS IN 12	
12.	UFFICERS AF	T DELETE	13.	<u> </u>	President	☐ Change	Addition	
TITLE					• • • -			
NAME	•		1.2 NAM		Jeffry B. Waxman 6518 Nw 103 Lane Parkland, FL 33076	•	(
STREET ADDRESS	,		1,3 STR	EET ADDRESS	6518 NW 103 cane			
CITY-ST-ZIP				'-ST-ZIP	P91K19nd, FL 330+8	Chassa	[] Addition	
TITLE	·	☐ DELETE	2.1 TITL	E		Change	Addition	
NAME			2.2 NAM	E		-		
STREET ADDRESS			2.3 STR	EET ADDRESS		-		
CITY-ST-ZIP			2. 4 CIT	Y-ST-ZIP				
TINE	a case of the same of the same of	□ OELETE	3.1 TITL	E		- Change	Addition	
NAME	1		3.2 NAM	E ,		•		
STREET ADDRESS			3.3 STR	EET ADDRESS				
CITY-ST-ZIP	;			Y-ST-ZIP				
TITLE	<u> </u>	☐ DELETE	4.1 TITL			☐ Change	Addition	
NAME	·		4. 2 NAM	_				
]			EET ADDRESS			j	
STREET ADDRESS	i]							
CITY-ST-ZIP								
·		☐ DELETE	4.4 CITY	/-ST-ZIP		☐ Change	Addition	
TITLE		☐ DELETE	4.4 CITY 5.1 TITL	r-ST-ZIP		Change	Addition	
TITLE NAME	· · · · · · · · · · · · · · · · · · ·	DELETE	4.4 CITY 5.1 TITL 5.2 NAM	/-ST-ZIP E IE		Change	Addition	
TITLE		DELETE	4.4 CITY 5.1 TITL 5.2 NAW 5.3 \$TR	/-ST-ZIP E IE EET ADDRESS		Change	Addition	
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TITLE NAME STREET ADDRESS		DELETE	4.4 CITY 5.1 TITL 5.2 NAW 5.3 STR 5.4 CITY 6.1 TITL	/-ST-ZIP E IE EET ADDRESS /-ST-ZIP E		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITL 5.2 NAW 5.3 STR 5.4 CITI 6.1 TITL 6.2 NAW	/-ST-ZIP E IE EET ADDRESS /-ST-ZIP E		,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			5.1 TITL 5.2 NAW 5.3 STR 5.4 CITI 6.1 TITL 6.2 NAW	/-ST-ZIP E IE EET ADDRESS /-ST-ZIP E		,		

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.