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

**PROFIT** CORPORATION ANNUAL REPORT

1999



DOCUMENT # P98000077965

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90044 003 \*\*\*150.00

Corporation     AMDG N	IARINE, INC.	011303							
Principal Place of Business Mailing Address						\$   <b>                                   </b>			ILEBI WHE IMMI
								•	
2875 NE 36TH STREET FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33309									
						DO NOT W		S SPACE	
						3. Date Incorporated or Qualifed 09/09/1998			
Principal Place of Business     2a. Mailing Address						4. FEI Number		App	olied For
26						65-08637	<u> </u>	<del></del>	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8.75 A	
22 27							<b>.</b>	Fee Rec	<del>`</del>
City & State City & 28			A State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Zip Country		Cou	Country		8. This corporation owes the c	urrent year l		
24	25	29	30			Personal Property Tax.		-	□No
	9. Name and Address of Currer	nt Registered Agent		81	NI	10. Name and Address of Nev	v Registere	Agent	
DUR	IS DOREDT A			81	Name				
Dublis, robert a 2875 ne 36th street				82	Street Addres	ss (P.O. Box Number is Not Acce	ptable)		
FORT LAUDERDALE FL 33308				83					
1011	TOODERDALE TE SOOG			63					
					City	FL 85 Zip Code			
11. Pursuant office or ragent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	02 and 607.1508, Florida Sta of Florida. Such change wa ations of, Section 607.0505,	atutes, the at is authorized Florida Statu	by thattes.	named corpore corporation	ration submits this statement for t i's board of directors. I hereby ac	he purpose o cept the app	of changing its of changing it	registered pistered
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable (N	OTF: Registered	Agent s	ignature required t	when reinstating)	DATE		\
12.		ND DIRECTORS	13.		9.00	ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D	☐ DELETE		LE				Change	Addition
NAME	DUBLIS, ROBERT A		1.2 NA	1.2 NAME					]
STREET ADDRESS	2875 NE 36TH STREET		1.3 ST	1.3 STREET ADDRESS					ļ
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		1.4 CIT	1.4 CITY-ST-ZIP					
TITLE			2.1 Til	2.1 TITLE				☐ Change	Addition
NAME	DUBLIS, ASTRID M		2.2 NA	2.2 NAME					
STREET ADDRESS	2875 NE 36TH STREET			REETA	DDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL 33308			TY-ST-	ZIP				
TITLE		☐ DELETE		31 TITLE		· ·	-	☐ Change	Addition.
NAME			32 NA	ME					
STREET ADDRESS			33 ST	REETA	DDRESS				Ì
CITY-ST-ZIP		——————————————————————————————————————		TY-ST-	ZIP	y MAL.			□ Addisor
TITLE		☐ DELETE						Change	☐ Addition
NAME			4 2 N						
STREET ADDRESS					DDRESS				
CITY-ST-ZIP		☐ DELETE		ry-st-z	ZIP			☐ Change	Addition
TITLE			5.1 Til 5.2 NA					. Juliango	
NAME					DDRESS				
STREET ADDRESS				TY-ST-2					
CITY-ST-ZIP TITLE		DELETE						☐ Change	Addition
								_	_
			6.2 NA	ME					I
NAME STREET ADDRESS					DDRESS				}

64 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.

SIGNATURE: