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 # P98000079834

CORPORATE PUBLISHING COMPANY, INC.

Principal Place of Business Mailing Address						1 (SAILOR) IS SIST BOTT BOTT OWN BOTT SAIL	- 15151 1511	
10706 LAGO WELLEBY DR. 10706 LAGO WELLEBY DR.								
SUNRISE FL 33351 SUNRISE FL 33351						DO NOT WEITE IN THIS SI	2405	
						DO NOT WRITE IN THIS SI 3. Date Incorporated or Qualifed	ACE	
						1 3		1
		1 - 11 mm				09/10/1998		nation For
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	-	pplied For
21 26						03 0000027		ot Applicable
		Suite, Apt. #, etc.	itc.			5. Certificate of Status Desired		Additional equired
22	27							
City & Stat	City & State	te			6. Election Campaign Financing		May Be	
3 28			<u> </u>			Trust Fund Contribution		to Fees
Zip	Country Zip			Country		8. This corporation owes the current year Intan	gible]Yes	⊠ No
24	25		30			1 ordener i reporty i am		12040
	9. Name and Address of Current	Registered Agent		31	Nama	10. Name and Address of New Registered Ag	ent	
VAUNU	DV CLIN ADVEDTICING INC		ľ	•	Name			ł
WINDY SUN ADVERTISING, INC. 148 CRYSTAL KEY WAY			1	82 Street Address (P.O. Box Number is Not Acceptable)				
			L					
BUT	NTON BEACH FL 33426		į	83				1
	•		-	84	City		85 Zip	Code
•					•	poration submits this statement for the purpose of ch	_	
SIGNATURE	m familiar with, and accept the obligation of familiar with a second of familiar with	and title if applicable. (NOTE: I			signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12
12.	P OFFICERS AND	DELETE	1.1 TITL	F			Change	
TITLE	l '	beleve					_, - 0	_
NAME *	BERNSTEIN, DONALD J		1	1.2 NAME				
STREET ADDRESS				1.3 STREET ADDRESS		•		
CITY-ST-ZIP	BOYNTON BEACH FL 33426			1.4 CITY-\$T-ZIP 2.1 TITLE			Change	Addition
TITLE	DAMIEL B. FROMH	oft nereig			1	·		
NAME	7970 SW 137# ST		2.2 NAM		ĺ			f
STREET ADDRESS		.	2.3 STR	EET #	ADDRESS			
CITY-ST-ZIP	1 (2) (2)		_	2. 4 CITY-ST-ZIP			-106	Addition
TIFLE	- V F		3.1 TITL	Ε		· ·] Change	Addition
NAME			- 3.2 NAN	Æ	-		*	المناه والمد
STREET ADDRESS			3.3 STR	3.3 STREET ADDRESS				
C/TY-ST-Z/P			3.4. CIT	3.4. CITY-ST-ZIP				
TITLE	☐ DELETE		4.1 TITL	4.1 TITLE			_] Change	Addition
NAME			4, 2 NA	ME				
STREET ADDRESS	4.3		4.3 STR	4.3 STREET ADDRESS				ļ
CITY-ST-ZIP	j ·		4.4 CITY	/- \$ <u>T</u> -	ZIP			
TITLE	DELETE 5.1 T		5.1 TITL	TITLE		1	_] Change	☐ Addition
NAME			5.2 NAM	KE.				ł
STREET ADDRESS			5.3 STR	EET /	ADDRESS			
CITY-ST-ZIP			5.4 CITY	/_ CT	.7iP			
			3.4 011	- 31-				
TITLE		☐ DELETE	6.1 TITL] Change	☐ Addition

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 of 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 charged, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90005 030 ***150.00