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 # P98000080546

1. Corporation Name

JOSEPH'S OF INVERRARY, INC.

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90015 039 ***158.75



					<u> </u>		161 81818 3 111 1 89 1
Principal Place of Business Mailing Address					·		
	KLAND PARK BLVD. STE. 303	7770 WEST OAKLAND PARK BI	LVD. ST	E. 303			
SUNRISE FL 33351 SUNRISE FL 33351					DO NOT WRITE IN THIS S	SPACE	
					3. Date Incorporated or Qualifed		
					09/17/1998		Į
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	$ \top$ \top ,	Applied For
	>1 Rocks Island	1	101	April R	65-0868392	1	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.				\$8.75	Additional
22		27			5. Certificate of Status Desired	Fee	Required
City & Stat		City & State	1	<u> </u>	6. Election Campaign Financing	\$5.0	0 May Be
23 LA-0	Peah. 11 , 1-1	28 LANGERING	<u>` / </u>	<i> -</i>	Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Inta		
24 '3- '2-	319 25 US14	29 333/5 30	US	, D	1 0100110111101011	☐ Yes	Ø₩6
	9. Name and Address of Current I	Registered Agent	81	T-1.	10. Name and Address of New Registered A	gent	
LAFFER, HENRY 7770 WEST OAKLAND PARK BLVD. STE. 303				Name			
				Street Addr	ess (P.O. Box Number is Not Acceptable)		
SUNRISE FL 33351				ļ			
			83				
	***		84	City	\ FL	85 Zij	p Code
11 Pursuant	to the provisions of Sections 607 0502	and 607.1508. Florida Statutes, t	the above	e-named.corp	oration submits this statement for the purpose of o	:hanging	its registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida. Such change was autho	prized by	the corporation	on's board of directors. I hereby accept the appoin	iment as	registered
SIGNATURE						<u></u>	
	Signature, typed or printed name of registered agent a			nt signature require		DIDEC.	TODS IN 12
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	Directions	
TITLE	DIP	OLLETE		1	<i>.</i>	(E)9	
NAME	Piervicenti, Joseph 3432 n.w. 86 Way Bldg. D A	DT 105	1.2 NAME	T 4000500			
STREET ADDRESS		F1. 105		TADDRESS			
C/TY-ST-ZIP	SUNRISE FL 33351	☐ DELETE	1.4 CITY-S 2.1 TITLE	I-ZIP		Change	e Addition
TITLE							
NAME			2.2 NAME				
STREET ADDRESS				TADDRESS	•		
CITY-ST-ZIP		☐ DELETE	2.4 CITY-5 3.1 TITLE	ST- ZIP		[] Chang	e Addition
TITLE		C) DELETE	3.1 IIILE 3.2 NAME		وللما والمهلوم والمستعيدة والمالي والمالية والمالية والمالية والمالية والمالية والمالية والمالية والمالية والم	رو،ور ي	
NAME				TADDRESS			
STREET ADDRESS					•		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-5 4.1 TITLE	DI-ZIP		Chang	e [Addition
		C DELETE	4.7 IIILE				
NAME				TANNOCCE			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	1-27	<u> </u>	Chang	e Addition
TITLE			5.1 HILE 5.2 NAME		·	وـو	
NAME				TADDRESS			
STREET ADDRESS		i	5.4 CITY-S				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	1-41	· · · · · · · · · · · · · · · · · · ·	Change	e
TITLE		L DELETE	6.2 NAME		•.	>nang	
NAME				TADDDESS			
STREET ADDRESS				TADDRESS			
CITY OF TIP	İ		64 CITY-S	(-Z)P			

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: