PROFIT . CORPORATION ANNUAL REPORT

1999

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

MILE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90071 018 ***150.00

DOCUMENT # POROGOROFGO

1. Corporation TWO BO										
Principal Place	of Business				1 (05()00()(3	IRING HOLLI DOLLI D	YMITTE BENTAT MINERAL (S	TIST BEITE OF	TITO ONLY TOUR LAND	
Principal Place of Business Mailing Address 5283 WEST ATLANTIC AVENUE 5283 WEST ATLANTIC AVENU DELRAY BEACH FL 33444 DELRAY BEACH FL 33444							DO NOT WE	RITE IN THIS	SPACE_	
					1	te Incorporate /17/1998	ed or Qualifer	5-0869	1350	2
2 Principal Pl	ace of Business	2a, Mailing Address				Number	<u> </u>			Applied For
21		26			65	-086	4350	<u> </u>		Not Applicable
Suite, Ap1.	#, etc.	Suite, Apt. #, etc.			5 6	rtifcate of Sta	tus Desired		.,	5 Additional
22		27			3. 08	- Independent			Fee	Required
i City & State	9	City & State			1 -		ign Financing	, 🗆		May Be
23		28				st Fund Con				d to Fees
Zip	Country	Zip	_ Countr	y	8. Th	is corporation	owes the cul	rrent year inta	eldign:	₩.
24	25	29 3	0					Registered /		
\	9. Name and Address of Current	Registered Agent	8	Name	10. NB	me and Auc	Tess of New	MARISTRIAN Y	1gent	
ROSE, PETER A ESO. 2101 NORTH ANDREWS AVENUE SUITE 200 FORT LAUDERDALE FL 33311				Street	Address (P.O.	Box Number	is Not Accep	itable)		
"	CHOCENDAL IL COOT		8-	City	<u> </u>			FI	05 Zi	ip Code
1 AMON AT 10	to the provisions of Sections 607.0502 spistered agent, or both, in the State of familiar with, and accept the obligations.	o Piongla, Silon change was auti	norizec ov	יטוער טעוטע	corporation su oration's board	bmits this sta of directors.	tement for the I hereby acce	e purposa of eapt the appoin	changing itment as	its registered registered
SIGNATURE	Signature, typed or printed name of registered agent	and titin if applicable (NOTE: R	egisterad Api	nt signature n	equired when reinst	ating)		DATE		
<u> </u>	OFFICERS ANI		13.		ADE	ITIONS/CHA	NGES TO O	FFICERS AN	D DIREC	TORS IN 12
πιε	PD	☐ DELETE	1.1 TITLE						Chang	pe DAddition
NAME	GOLDSTEIN, SANDRA K.		12 NAME							
STREET ADDRESS	5283 WEST ATLANTIC AVENUE	,	1.3 STREE	T ADORESS						
CITY-ST-ZIP	DELRAY BEACH FL 33444		1.4 CITY-	5T-21P						
TITLE	VSD	☐ DELETE	2.1 TITLE						Chang	pe □ Addition
NAME	BERGER, LINDA		2.2 NAME							
STREET ADDRESS	5283 WEST ATLANTIC AVENUE	•	2.3 STREE	T ADDRESS						
CITY-ST-ZIP	DELRAY BEACH FL 33444		2.4 CITY-	ST-ZIP						
TITLE		☐ DELETE	3.1 TITLE						Chang	ge Addition
NAME			3.2 NAME	,						
\$TREET ADDRESS			3.3 STREE	TADORESS	ĺ					
CITY-ST-ZIP			3.4. CITY-	61 - ZIP			<u> </u>			
mue —		OELETE	4.1 TITLE		<u> </u>	<u> </u>			. Chang	ge Addition
NAME			4, 2 NAME	: }						

64 CITY-ST-ZP 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 affect as if made under oath; that I am an officer or director of the cerporation 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.

4.3 STREET ADDRESS

5 3 STREET ADORESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

☐ DELETE

DELETE

SIGNATURE:	X	ed ia	1	tol	astein	ر بان
	PIONATUI	RE AND TYPED		NAME OF SIGN	ING OFFICER OR I	

Change

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□ Addition

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