PROFIT : CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000082609

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90079 036 ***150.00

1. Corporation		J620U9					
Principal Place of Business Mailing Address					I (##I(##I (IA IA)#I (#I2) ##III ##III ANED ANED	') (All'A tinin neils e	:E()
1065 FAIRFAX CIRCLE, WEST 1065 FAIRFAX CIRCLE, WEST							
BOYNTON BEACH FL 33462 BOYNTON BEACH FL 33462					DO NOT WRITE IN THIS SPACE		
:	•	,			3. Date Incorporated or Qualified	3 SPACE	
	φ				09/23/1998	·	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number 59 - 3543724	⊢	olied For
21 .	26				59-3593 120		Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A Fee Red	
22					S. Sharting Compoint Financing	\$5.00	•
City & State	0	⊢ ′			6. Election Campaign Financing Trust Fund Contribution	Added to	
23 Zip	Country	28 Zip	Country	,	8. This corporation owes the current year li		
24	25 29 30				Personal Property Tax.		□No
	9. Name and Address of Current		<u> </u>		10. Name and Address of New Registered	d Agent	
			81	Name			
	dstein, lisa kline esq.		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
1750 UNIVERSITY DRIVE			02	Sileet Auc	uless (1 .o. box Halliser is Her Hoop-is-		
	E 126		83				
COR	IAL SPRINGS FL 33071		84	City		85 Zip C	Code
				'	rporation submits this statement for the purpose	Lii	
agent. Faji SIGNATURE	m familiar with, and accept the obligation	and title if applicable. (NOTE: R	egistered Age	.	ired when reinstating) ADDITIONS/CHANGES TO OFFICERS A		
12.			13.		ADDITIONS/CHANGES TO OFFICERS A	Change	[] Addition
TITLE	D P	□ bereic	1.2 NAME				
NAME	ELINEIT OFFICE		1	T ADDRESS			[
STREET ADDRESS	1000 174111110 CHIOLE, TILEST		1.4 CITY-5		•		
CITY-ST-ZIP TITLE			2.1 TITLE	91.71		Change	Addition
NAME	V		2.2 NAME				\
STREET ADDRESS	DAVIO, REVIEW			T ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33462		2. 4 CITY-ST-ZIP				
TITLE			3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME		• .		-
STREET ADDRESS			3.3 STREE	TADORESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE			4.1 TITLE			Change	Addition
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TITLE	·	☐ DELETE	6.2 NAME			_ 3,,0,,90	
NAME		•		TADORESS			
STREET ADDRESS	1		0.0 STREE				ļ

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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/90

Daytime Phone #

CR2F034 (11/9