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

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

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

	NUAL REPORT Secretary of State				05-06-1999 90295 011 ***150.00					
	1999	DIVISION C	F CORPO	RATIONS		05-06-1999 90295 012 *****8.75				
DOCUI	MENT # P98000083	3489			_					
1. Corporation	· ·	,			1					
,					_					
Van Bu	ren Fosgate, Inc									
Principal Place	e of Business	Mailing Address			-					
2665 S	. Bayshore Dr.	2665 S. Ba	aysho.	re Dr.	1					
Suite		Suite 400	-		1	DO NOT WRITE	IN THIS SPA	ACE		
Coconut	: Grove, FL 33133	Coconut Gr	ove,	FL 331	L3 3. Date Incor	porated or Qualified				
US		US			09/28/					
	Place of Business	2a. Mailing Address			4. FEI Numb				pplied For	
Suite, Apt.	# elc	Suite, Apt. #, etc.			65-086		- \$2		ot Applicable dditional	
22		27			5. Certificate	of Status Desired		e Requir		
City & Stat	e	City & State			6. Election C	ampaign Financing	\$5	.00 M	ау Ве	
23		28				d Contribution		ded to F		
Zip 24	Country 25	Zip	Cou [30]	intry	8. This corpo	pration owes the curr	ent year Inta	ngible P T	ersonal No	
24	9. Name and Address of Current	11	[30]	т — — —		Address of New Re		gent (
	<u> </u>			81 Name	707 714110 4110		agiotorio /	90		
				20 00 00			11.3			
Eric S	. Friedfeld			82 Street Ad	iotess (P.O. Box Nr	umber is Not Accepta	ible)			
0000	. Bayshore Dr.			83						
2665 S	· payshore br.									
				PAL Ciby				0 E 7 In	^ode	
Suite (Coconu	400 t Grove, FL 331		Statutes, the	84 City e above-name vas authorized	d corporation subn	nits this statement for	<u>FL</u>	85 Zip e of cha cept the		
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74. I nereby 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 attendment with an address, with all other like empowered.

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MANURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4122/99 305-859-2822