PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Mar 24, 1999 8:00 am Secretary of State 03-24-1999 90054 048 ***150.00

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Principal Plac	ce of Business	Mailing Address				A tabitact ((2 18:21 tatel 921); at			
MICHAEL E. R		MICHAEL E. ROSEN			1				
SSO MAMARONECK AVENUE SSO MAMARONECK AVENUE HARRISON NY 10528 HARRISON NY 10528			JE	•		DO NOT WR	ITE IN THIS	SPACE	
HANDISON M. 10050						3. Date Incorporated or Qualifed			
						09/26/1998			
2. Principal f	Place of Business	2a. Mailing Address				4. FEI Number	0-0	<u> </u>	plied For
21		26				58-2424	808		t Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		_		5. Certificate of Status Desired		\$8.75 A Fee Re	
22		27							
City &-Sta	ite	City & State			والتراث	6. Election Campaign Financing		UU:CC	May Bo
23		Zip Zip	Cou	ntov	}	Trust Fund Contribution 8. This corporation owes the cur	rent year into		0 1 663
Zip	Country	29	30	in y	ì	Personal Property Tax.	TOTA YOUR WAL	Yes	No.
24	9. Name and Address of Curren		[2n]			0. Name and Address of New	Registered /	Agent	
	a. Hame and Address of Culter	r 110 Maria o Albaire		81 Name					
CAL	LAHAN, W S ESQ.			20 0	<u> </u>	/D.O. Cox Number in Not Accept	eble\		
STU	JMP, STOREY & CALLAHAN, P.A.			82 Street	AQQTe55	(P.O. Box Number is Not Accept			
	NORTH ORANGE AVENUE #200			83					
ORI	LANDO FL 32801	•		84 City				85 Zip (Code
	it to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga			- "			FL_	1 1	
SIGNATURE	Signature, typed or printed name of registered ager	I and title if applicable, (NOT	E: Recistered	Agent signature I	new heart were	an reineteinet	DATE		
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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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

プランズズURE REQUIRED SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR