## PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90247 046 \*\*\*150.00

## 1999 DOCUMENT # P98000085226

Principal Place	e of Business	Mailing Address	<del></del>				
350 SOUTH SHORE DRIVE 350 SOUTH SHORE DRIVE #14 #14 MIAMI BEACH FL 33141 MIAMI BEACH FL 33141					DO NOT WRITE IN THIS SPACE		
MAIM DEITOT	. • • • • • • • • • • • • • • • • • • •				3. Date Incorporated or Qualifed 10/05/1998		
2. Principal P	lace of Business	2a. Mailing Address 26			65-0869826		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee	Additional Required
City & Stat	9	City & State			6. Election Campaign Financing Trust Fund Contribution	<b></b>	May Be
Zip	Country	Zip	Cour	ntry	-8. This corporation owes the current year in	tangible Yes	No
24	25	29 3	0[		Personal Property Tax.  10. Name and Address of New Registered		700
	9. Name and Address of Current	Registered Agent	<del></del> -}	81 Name	14- USHIR GIRD WOOLASS OF ISSUE L'ESTISTERE	: :	
	NOLD, NORBERT		1 !		iress (P.O. Box Number is Not Acceptable)	<u> </u>	
	South shore drive		Ł				
#14			1	83			
MA	MI BEACH FL 33141		Ì	84 City	FL	85 Z	ip Code
				itob.			1
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (NOTE: R		Agent signature requi	poration submits this statement for the purposa of tion's board of directors. I hereby accept the appoint when reinstains)  DATE  ADDITIONS/CHANGES TO OFFICERS A	NO DIREC	TORS IN 12
SIGNATURE  12. TITLE	Signature, typed or printed name of registered agent OFFICERS AN	t and title if applicable (NOTE: R	ogistered /	Agent signature requi	red when reinstating) DATE		TORS IN 12
12.	OFFICERS AND PD HEINOLD, NORBERT	t and title if applicable (NOTE: R D DIRECTORS	13. 1.1 TITI 1.2 NA	Agent signature requi	red when reinstating) DATE	NO DIREC	TORS IN 12
12. TILE	PD HEINOLD, NORBERT 350 SOUTH SHORE DRIVE	t and title if applicable (NOTE: R D DIRECTORS	13. 1.1 TITI 1.2 NA/ 1.3 STF	Agent signature requi	red when reinstating) DATE	NO DIREC	TORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PD HEINOLD, NORBERT	t and take if epoliceable (NOTE: R D DIRECTORS	13. 1.1 TITI 1.2 NA/ 1.3 STF	Agent signature requirements for the signature requirements fo	red when reinstating) DATE	NO DIREC	TORS IN 12 Je Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD HEINOLD, NORBERT 350 SOUTH SHORE DRIVE	t and title if applicable (NOTE: R D DIRECTORS	13. 1.1 TITI 12 NA 1.3 STE 1.4 CIT 2.1 TITI	Agent signature requirements  LE  ME  REET ADORESS  Y-ST-ZIP  LE	red when reinstating) DATE	ND DIREC	TORS IN 12 Je Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	PD HEINOLD, NORBERT 350 SOUTH SHORE DRIVE MIAMI BEACH FL 33141	t and take if epoliceable (NOTE: R D DIRECTORS	13. 1.1 TITE 1.2 NA 1.3 STE 1.4 CIT 2.1 TITE 2.2 NA	Agent signature requirements  LE  ME  REET ADORESS  Y-ST-ZIP  LE	red when reinstating) DATE	ND DIREC	TORS IN 12 Je Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD HEINOLD, NORBERT 350 SOUTH SHORE DRIVE MIAMI BEACH FL 33141	t and take if epoliceable (NOTE: R D DIRECTORS	13. 1.1 TITI 12 NA 1.3 STF 1.4 CIT 2.1 TITI 22 NA 2.3 STF	LE ME REET ADDRESS Y-ST-ZIP LE ME	red when reinstating) DATE	O DIREC	TORS IN 12 pe Addition
12. TITLE NAME STREET ADDRESS. CITY-ST-ZIP TITLE NAME	PD HEINOLD, NORBERT 350 SOUTH SHORE DRIVE MIAMI BEACH FL 33141	t and take if epoliceable (NOTE: R D DIRECTORS	13. 1.1 TITI 12 NAV 1.3 STF 1.4 CIT 2.1 TITI 22 NAV 2.3 STF	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP	red when reinstating) DATE	ND DIREC	TORS IN 12 pe Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	PD HEINOLD, NORBERT 350 SOUTH SHORE DRIVE MIAMI BEACH FL 33141	i and take if applicable (NOTE: R D DIRECTORS  () OBLETE  DELETE	13. 1.1 TITE 1.2 MA 1.3 STF 1.4 CIT 2.1 TITE 2.2 NA 2.3 STF 2.4 CIT 3.1 TITE 3.2 NA 3.3 STF 3.4 CIT 4.2 NA	Agent signature requirements from the first address y-st-zip lie meet address ty-st-zip	red when reinstating) DATE	Chang	TORS IN 12  Pe Addition  Pe Addition
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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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR