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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

HOME

Principal Place of Business

May 24, 1999 8:00 am Secretary of State

05-24-1999 90012 028 ***150.00

6 4 2 5 1 564251 - 90012 - 28

	1 7				
120 E	E. DAKLAND PARK BLUD. SAM				
SUITE	105	C	DO NOT WRITE IN THIS	SPACE	
120 E. DAKLAND PARK BUD. SAME SUITE 105 Fr. CANDERDACE, FI 33334			3. Date Incorporated or Qualified NOV 1998		
2. Principal Place of Business 2 2a. Mailing Address			4. FEI Number	I An	plied For
21 120 E	CAKCANS FACK BLVD. 26	/	65-0872731		t Applicable
Suite Apt.		10		\$8.75	Additional
22 10		\mathcal{N}^{V}	5. Certificate of Status Desired	Fee Re	quired
City & State	e City & State	*	6. Election Campaign Financing	\$5.00	May Be
23 FT. L	AUDERDALE, FI 28		Trust Fund Contribution	Added t	o Fees
Zip_222	Z(Country Zip	Country	8. This corporation owes the current year Inta		<u>,</u>
24 222	$25 \cup 25 \cup 24 = 29 = 30$		1 didditari toperty tam		%[No
	9. Name and Address of Current Registered Agent	81 Name	10. Name and Address of New Registered A	Agent	
BERNA	IRD SALERNO	-			
17EKIUM	ONLIAND BOY BLUD BUTTE LOS	82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
120 E	C 22221	83			
FT. CAU	DERDALE, FI 33334	83			
		84 City	El	85 Zip 0	Code
			FL	bonging its	registered
11. Pursuant to the physicians of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. In both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I artifection with, and accept the obligations of, Section 607.0505, Florida Statutes.					
agent. I ai	the obligations of, Section 607.0505, Florida	Statutes.			
SIGNATURE	Signature/typed or printed name of registered agent and title if applicable (NOTE: Reg	stered Agent signature required	d when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS ANI	D DIRECTO	RS IN 12
TITLE	PRES. DELETE	1.1 TITLE		Change	Addition
NAME	BERNAPO SALERIA	1.2 NAME			
STREET ADDRESS	BERNARD SALERNO 120 E. OAKLAND PARK BLUD, \$105 FT. LANDERDALE, FI 33334	1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. I AUDIE DAVE & 333334	1.4 CITY-ST-ZIP			
TITLE	DELETE	2.1 TITLE		Change	☐ Addition
NAME		2 2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP	l l	2. 4 CITY- ST-ZIP			
TITLE		3.1 TITLE		Change	Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			ļ
CITY-ST-ZIP	i i	3.4. CITY-ST-ZIP			
TITLE	· · · · · · · · · · · · · · · · · · ·	4.1 TITLE		Change	☐ Addition
NAME		4 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP	Į.	4.4 CITY-ST-ZIP			Į
TITLE		5 1 TITLE		Change	Addition
NAME		5.2 NAME			
STREET ADDRESS		5 3 STREET ADDRESS			
CITY-ST-ZIP		5 4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
		CACITY OF ZID			1

14. I hereby certify that the information supplies 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 export of 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 community 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 it changes on an anachment with an address, with all other like empowered.

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #