May 04, 1999 8:00 am Secretary of State

05-04-1999 90110 041 ***150.00

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 # P98000094477

Corporation Name

Principal Place of Business 188 NW 106TH TERRACE PEMBROKE PINES FL 33026 28. Mailing Address 29. Mailing Address 20. Mailing Address 20. Mailing Address 21. Mailing Address 22. Mailing Address 23. Date incorporated or Qualified 11/06/1998 4. FEI Number 45 - 08756/2 5. Certificate of Status Desired 5.	GATZ, KRAMER & ASSOCIATES, INC.														
Principal Place of Business 188 MW 105TH TERRACE PEMBROKE PINES FL 33026 2. Principal Place of Business 2. Amailing Address 2. Principal Place of Business 3. Date Incorporated or Qualifed 11/06/1998 4. FEI Number 5. Certificate of Status Desired Pack Pack Place Pla	•		•												
PEMBROKE PINES FL 33026 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. Country 2. En 3. Date incorporated or Qualified 11/06/1998 4. FEI Number 5. Certificate of Status Desired \$3.75 Additional Fee Required Fee Required Fee Required Fee Required 2. En 2. En 2. En 2. En 2. En 2. En 3. Date incorporated or Qualified 11/06/1998 4. FEI Number 5. Certificate of Status Desired Fee Required Fee Requi	Principal Plac	e of Business	Mailing .	Address					1 (30)(03)	138 1618 1914 864		IO (BIEL DIOLE BIE	il (Mas) (a)	DI (88)	
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Signature Status	21		26						<u>65-0</u>	<u> </u>	<u>/2</u>				
City & State Country Country Country Zip Country Signature, typed or printed name of registered agent and title if applicable. City & State City & State Trust Fund Contribution Added to Fees Added to Fees Added to Fees Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		#, etc.	<u> </u>	e, Apt. #, etc.				5	. Certifcate of	Status Desired	: 🗆				
Zip Country Zip Country 29 30 To Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent KOPROWSKI, PAUL A 10031 PINES BLVD #224 PEMBROKE PINES FL 33024 10. Name and Address of New Registered Agent 82. Street Address (P.O. Box Number is Not Acceptable) 83. This corporation owes the current year Intangible Personal Property Tax. Yes No Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 84. City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or 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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS IN 12	City & Stat	e	City	& State				6			ng 🗆				
9. Name and Address of Current Registered Agent KOPROWSKI, PAUL A 10031 PINES BLVD #224 PEMBROKE PINES FL 33024 10. Name and Address of New Registered Agent 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent; arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 11.2						Country			8. This corporation owes the current year Intangible						
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11. Pursuant to the provisions 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; or 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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	10031 PINES BLVD #224					82									
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE		The second second		O:	۸۱	1 almada an an	urod whon	rojectation)		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 12 or Block 13 if changed, br on an affectment with an address, with all other like empowered.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE 4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ DELETE

☐ DELETE

☐ DELETE

(954)435-1866

Daytime Phone #

Change

Change

Change

☐ Addition

☐ Addition

☐ Addition

CR2E034 (11/9)