## 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 # P98000098088

1. Corporation Name

## Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90142 001 \*\*\*150.00

BIHDSEE	:D, INC.				
				_{	SION INTO NATAL INTO SENTING
Principal Place	e of Business	Mailing Address			
13615 SOUTH D	DIXIE HIGHWAY	13615 SOUTH DIXIE HIGHWA	Υ		
SUITE 114-547 SUITE 114-547 MIAMI FL 33176 MIAMI FL 33176			DO NOT WRITE IN THIS	SPACE	
MIAMI FL 33176   MIAMI FL 33176			3. Date Incorporated or Qualifed	<u>**</u>	
				11/20/1998	,
a Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	IACE OF BUSINESS	— ·		59- 2307557	Not Applicable
Suite, Apt.	# ata	26   Suite, Apt. #, etc		37 330 733 7	\$8.75 Additional
	m, ato	27		5. Certifcate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
<b>─</b>	<b></b>	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Int	andible . /
· ·	25	29 3	<b>–</b>	Personal Property Tax.	∐Yes <b>X</b> INo
24	9. Name and Address of Curre		<u> </u>	10. Name and Address of New Registered	Agent
	5, Haine and Address of Colle		81 Name		
LANG	g, robert f				
13615 SOUTH DIXIE HIGHWAY			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
SUITE 114-547			83		
MIAMI FL 33176			03		
INITAL	M FL 331/0		84 City		85 Zip Code
				FL	
office or r	registered agent, or both, in the State im familiar with, and accept the oblig.	e of Florida. Such change was aut ations of, Section 607.0505, Florid	nonzed by the corporation la Statutes.	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoi	ntment as registered
	Signature, typed or printed name of registered ag-		legistered Agent signature required		- 017507070 111 40
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LANG, ROBERT F		1.2 NAME		
STREET ADDRESS	13615 SOUTH DIXIE HIGHWA	Y	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		1.4 CITY-ST-ZIP		E3.01 E3.14122
TITLE		☐ DELETE	2.1 TITLE	·	Change Addition
NAME			2.2 NAME	•	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		[] act ere			
NAME	1	☐ DELETE	3.1 TITLE		Change Addition
STREET ADDRESS	i	(*) AFTE IF	3.1 TITLE 3.2 NAME		☐ Change ☐ Addition
		(*) DETE IE			Change Addition
		□ pere1e	3.2 NAME 3.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP		☐ DELETE	3.2 NAME		Change Addition
CITY-ST-ZIP TITLE			3.2 NAME 3.3 STREET ADDRESS 3.4. CITY- ST-ZIP 4.1 TITLE		
CITY-ST-ZIP TITLE NAME			32 NAME 33 STREET ADDRESS 34. CITY- ST-ZIP 4.1 TITLE 4.2 NAME		
CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS 3.4. CITY- ST- ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY- ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			3.2 NAME 3.3 STREET ADDRESS 3.4. CITY- ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY: ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY: ST-ZIP 5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY- ST- ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY- ST- ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP		☐ Change ☐ Addition☐ Change ☐ Addition☐
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY- ST- ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP 6.1 TITLE		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY- ST- ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP 6.1 TITLE 6.2 NAME		☐ Change ☐ Addition☐ Change ☐ Addition☐
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY- ST- ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP 6.1 TITLE		☐ Change ☐ Addition☐ Change ☐ Addition☐

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 changes, o) on an attachment with an address, with all other like empowered.