PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENTO STATE Katheriye Harris^h

Secretary of State DIVISION OF CORPORATIONS

T. Corporation	MEN # P980001 ORPORATION	102490					
Principal Plac	e of Business	Mailing Address				4 SEMITOR HE LUINS LUTTE MANTE MANTE MATER ANDER LINE ACTUS MANTE LINES.	
4061 N. 41ST S		4061 N. 41ST STREET					
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	ו
						12/01/1998	1
2. Principal Place of Business 2a. Malling Address						4 FFI Number Applied For	1
						65-0886580 Not Applicable	1
21 Suite, Apt	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional	1
22		27				5. Certificate of Status Desired Fee Required	1
City & Sta	ite	City & State				6. Election Cempalgn Financing \$5.00 May Be	1
23		28				Trust Fund Contribution .Added to Fees	4
Zip	Country	Zip		untry	•	8. This corporation owes the current year intengible Personal Property Tay O Yes No	1
24	25	1-1-1-1	30	-	<u> </u>	Personal Property Tax. Li Yes Li No 10. Name and Address of New Registered Agent	-
ļ	9. Name and Address of Current	Registered Agent		81	Name	IV. Maile and Admess of their Regulation Agent	1
MEC	KLER, GWEN			L			-
4061 N. 41ST STREET				82	Street Ad	dress (P.O. Box Number is Not Acceptable)	
HOL	LYWOOD FL 33021			83	 		1
				L	ļ	85 Zip Code	┨
				84	1 1	FL T	
office or agent. 1 a SIGNATURE						orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
12. OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12] 86
TITLE	DP	☐ DELETE	1.1 ∏	1.1 TITLE		☐ Change ☐ Addition	CR2E034 (11/98)
NAME	GWEN MECKLER 4061 N. 41 Street		1.2 N	AME	ļ		8
STREET ADDRESS			1.3 \$	TREE	TADDRESS		<u>ධ</u>
CITY-ST-ZIP			1.4 City-St-ZIP				1 8
TITLE	Hollywood, FL 33021 □ DELETE		2.1 TITLE			☐ Change ☐ Addition	10
NAME	Į.		2.2 N	AME		·	
STREET ADDRESS	5	•			TADORESS		ì
CITY-ST-ZIP	<u> </u>				ST-DP	☐ Change ☐ Addition	┪
TITLE	Į.	DELETE	3.1 T		[[
NAME			32 N				İ
STREET ADDRESS			1		TADORESS		
CITY-ST-ZIP		DELETE	3.4. C		ST-ZIP	☐ Change ☐ Addition	1
TITLE			4.2N	•	-		·
NAME STREET ADDRESS				_	T ADDRESS		1
	1				T-ZIP		1
CITY-ST-ZIP TITLE		☐ DELETE	5.1 T			☐ Change ☐ Addition	1
NAME	(52 N	AME	{	,	ļ
			-				ł
STREET ADDRESS			5.3 S	TREE	T ADDRESS	•	1
STREET ADDRESS CITY-ST-ZIP	S	[] DELETE	1	ITY-S	T ADDRESS	☐ Change ☐ Addition	

CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3XI), Florida Statutes. I further certify that the information indicated on this ennual report of suppliemental 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 approximent with an address, with all other like empowered.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90012 040 ***150.00