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 # P98000103804

MIDAS CAPITAL & CONSULTING CORP.

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90034 035 ***150.00



Principal Place of Business Mailing Address						1 1961(88)	110 10107 10116		1981 1981 198 11		+144 B)B) 861
23123 STATE RO	350B										
BOCA RATON FL	_ 33428				DO NOT WRITE IN THIS SPACE						
					3. D	ate Incom	orated or Q				
						2/14/199	_				
2. Principal P	face of Business	2a, Mailing Address				El Numbe				A	plied For
21 20869 PINAR 26					₩.	Plex	FOR			— — `	t Applicable
Suite, Apt.	- V 170-4 A	Suite, Apt. #, etc.				,,				\$8.75	Additional
22		27			5. C	ertificate o	f Status De	sireo		Fee R	equired
City & Stat			6. E	lection Ca	- ımpaign Fina	ancing		\$5.00	May Be		
13 BOCA RA+W FL 28					T	rust Fund	Contribution) <u> </u>		Added	to Fees
Zip 3 34	Country	Zip	Countr	у		•	ation owes				
24 55	431 25 Palm Beach		30				roperty Tax.			Yes	□No
	9. Name and Address of Current	Registered Agent	8.	I Name	10. N	lame and	Address o	New Reg	gistered A	gent	
KI EIN	I, JEFFREY G		8	Name							
	8:	Street	Address (P.O	dress (P.O. Box Number is Not Acceptable)							
23123 STATE ROAD 7 STE. 350B BOCA RATON FL 33428				,							
5004	TIMIONIE SOTZU		8:	'							
			84	City					FL	85 Zip	Code
		1.007.4500 Flacida Otalida	- 455-			u demite thi	is statement	for the or		shanoing its	registered
agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was at ons of, Section 607.0505, Flor	uthorized by rida Statute	the corpose.	oration's boar	d of direct	tors. I hereb	y accept t	he appoin	tment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Ag	ent signature r	required when rein				DATE		
12.	OFFICERS AND		13.				CHANGES	TO OFFI	CERS AN		
	D	delete	1.1 TITLE		P1517					Change	Addition
	KLEIN, JEFFREY G		1.2 NAME		HENR	7 + 1	CHER	,			
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CITY-ST-ZIP]		6.4 CITY-	31-ZIP	1						

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, or on an attachment with an address, with all other like empowered.