PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000104952

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Principal Place		Mailing Add								
21687 FALL RIVER DR. 21687 FALL RIVER DR. BOCA RATON FL 33428							DO NOT WRITE IN THIS SPACE			
							3. Date incorporated or Qualifer	1		
							12/17/1998		Т	Applied For
<u> </u>	face of Business	2a. Maiting	Address				4. FEI Number 65-0880066			Not Applicable
21]		26	pt. #, etc.				65 000000			Additional
Suite, Apt.	#, etc.	. 27	pr. w. eic.				5. Certificate of Status Desired		•	Required
City & Stat		City 8. 9	State				6. Election Campaign Financing		\$5.0	O May Be
23		28					Trust Fund Contribution			d to Fees
23) Zip	Country	Zip		Coun	ıtry		_8, _This corporation owes the cu	rrent year.li	ntangible	_ _,
24	25	29		30			Personal Property Tax.		☐ Yes	<u>D</u> E(No
	9. Name and Address of C	urrent Registered Ag	ent				10. Name and Address of New	Registere	d Agent	
					81 Nan	18				
STEIN	N, STEVEN				82 Stre	et Addre	ss (P.O. Box Number is Not Accep	table)		
21687 FALL RIVER DR.										
BOCA	A RATON FL 33428				83					
				t	84 City	-		F	85 Z	p Code
										tte engistered
II. Pursuant	to me broading or property of	7,0002 070 001.1000,	Florida Siatui	es the ab	xove-nam	ed corpo	Mation submits his statement for or	ent the end	ointment as	registered
office or r agent. I a		_					ration submits this statement for the board of directors. I hereby acceptes the reinstating	ept the app	ointment as	registered
SIGNATURE	Signature, typed or printed name of register	_					when reinstating) ADDITIONS/CHANGES TO O	DATE		TORS IN 12
	Signature, typed or printed name of register	red agent and 196 if applicable. RS AND DIRECTORS		: Registered /	Agunt signati		when reinstating)	DATE		TORS IN 12
SIGNATURE	Signature, hyped or printed name of register OFFICEF PRESIDENT STEVEN STEIN	red agent and 95e if applicable. RS AND DIRECTORS	(NOTE	: Registered /	Agent signati		when reinstating)	DATE	ND DIREC	TORS IN 12
SIGNATURE 12.	Styneture, typed or printed name of regular OFFICEF PRESIDENT STEVEN STEIN	red agent and 95e if applicable. RS AND DIRECTORS	(NOTE	13. 1,1 TIII 1,2 NAI	Agent signati	re required	when reinstating)	DATE	ND DIREC	TORS IN 12
SIGNATURE 12. TITLE NAME	Signature hipsed or printed name of regular OFFICEF PRESIDENT STEVEN STEIN 21687 FALL RIV	ned agent and the H applicable. RS AND DIRECTORS D.O. UER DRIVE	(NOTE	13. 1,1 TITI 1,2 NAJ 1,3 STR	Agent elgrado LE ME	re required	when reinstating)	DATE	ND DIREC	TORS IN 12 Be Addition
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SIGNATURE AND TYPED OR PRINTED NAME OF STORING OFFICER OR DIRECTOR