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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000105410

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Principal Flace	e of Business	Mailing Address			1181		4F MAINT 118+1 B		rıı afıltını
381 NORTHWEST 46TH TERRACE 4381 NORTHWEST 46TH 1ER AUDERDALE LAKES FL 33319 LAUDERDALE LAKES FL 3331									-
						DO NOT WRI		SPACE	
						corporated or Qualifed			
					12/21/ 4. FEI Nur				
2. Principal P	lace of Business	2a. Mailing Address				nder - <i>088219</i>	7	<u> </u>	Applicable
Suite, Apt.	# ata	Suite, Apt. #, etc.			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	00211		\$8.75 A	
22 Suite, Fpt.	#, etc.	27			5. Certifca	te of Status Desired		Fee Re	
City & Sitat	te	City & State			6. Electic n	Campaign Financing		\$5.00	May Be
23		28			+	und Contribution		Added to	Fees
Zip	Country	Zip	Country			rporation owes the curr	rent year In		٦
24			30			al Property Tax.			□No
	9. Name and Address of Curre	n: Registered Agent	81 1	Name _	10. Name a	and Address of New I	Registeria	Agent	
ΔMES	RILAWYER		" "	GER	ARD	MAGNIN Number is Not Accept	· 		
	ALMERIA AVENUE		82	Street Aildre	ess (P.O. Box	Number is Not Accept	able)		
	AL GABLES FL 33134		83	452	31 N.	W. 46TH-	ERK	4€	
QC/III	TE GABLES I E GOTO		83						
			84 (City / AUごさ	=WDA(E	LAKES	FL	85 Zip C	ode 119
11. Pursuant	to the provisions of Sections 607.050	02. and 607.1508, Florida Stati	ites, the above-n	ramed corno	oration submits	this statement for the	purpose of	f changing its	egistered
office or r agent. I a	registered agent, or both, in the State am familiar with, and a scept the obliga	e of Florida. Such change was at:ons of, Section 607.0505, Fl	autnonzed by the orida Statutes.	e corpor illo	n's board or 1	rectors, i hereby acce	pi ine appo	illianent as reg	istereu
SIGNATURE									
	Signature, typed or printed ni me of registered age				Lumbaa saraatatusa l				
12		- 		ignature required	when reinstating)	NS/CHANGES TO OF	DATE FICERS 4	ND DIRECTO	RS IN 12
12.	OFFICERS AI	n and title if applicable. (NOT) NID DIRECTORS DELETE	E: Registered Agent sit	ignature required		NS/CHANGES TO OF		ND DIRECTO	RS IN 12
TITLE	OFFICERS AT	ND DIRECTORS	13. 1.1 TITLE	gnature red irred		NS/CHANGES TO OF			
TITLE NAME	OFFICERS AND MAGNIN, GERARD	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME			NS/CHANGES TO OF			
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14. Thereby 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, or on an attacting of the corporation of the receiver of the corporation of the corpora

SIGNATURE:

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90059 009 ***150.00