## 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 # P98000105480 1. Corporation Name

## Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90162 036 \*\*\*150.00

1021 W. HALLANDALE INC.				
Principal Place of Business	Mailing Address		1 10051001 tra tarqt tarit 89ft 20ft adigt (19ft 20	191 91211     1941   1911   1911   1981
2818 N. 46TH AVENUE K-392	2818 N. 46TH AVENUE K-392			
HOLLYWOOD FL 33021	HOLLYWOOD FL 33021		DO NOT WRITE IN THIS	SPACE
		<del>_</del>	3. Date Incorporated or Qualifed	
			12/18/1998	
2. Principal Place of Business	2a. Mailing Address	, - <u></u> .	4. FEI Number	Applied For
21 1021 W. Siellundule	(Her) 26		65-0909781	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22 Hallardule, Tila.	27 City & Chato			Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year Inte	
24 25	· — · .	30	Personal Property Tax.	☐Yes ☐No
9. Name and Address of Cu			10. Name and Address of New Registered	Agent
		81 Name		
WINEPOL, LILLYAN		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
2818 N. 46TH AVENUE K-392				
HOLLYWOOD FL 33021		83		
·		84 City		85 Zip Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statut office or registered agent, or both, in the State of Florida, Such change was a			FL	
	S AND DIRECTORS	Registered Agent signature requin	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE D	☐ <b>DE</b> LETE	1.1 TITLE		☐ Change ☐ Addition
NAME WINEPOL, DAVID		1.2 NAME		
STREET ADDRESS 2016 COVE LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP WESTON FL 33326	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
MINEDOL HILVAN	Doctor	2.2 NAME		
NAME WINEPOL, LILLYAN STREET ADDRESS 2818 N. 46TH AVENUE K-39	22	2.3 STREET ADDRESS		
CITY-ST-ZIP - HOLLYWOOD FL 33021	,	2. 4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME -		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
me .	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		•
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	——————————————————————————————————————	E 1 TITL C		Change Madding
	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		☐ 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 changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

954 962 5159