## 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 # P98000105842

1. Corporation Name

LINER ENTERPRISES, INC.

Principa	I Place of	Business

Mailing Address

## May 04, 1999 8:00 am Secretary of State

05-04-1999 90218 042 \*\*\*150.00



664 E. CONFERENCE DR. BOCA RATON FL 33486				DO NOT WRITE	. IN THUS OF	3465			
							IN THIS SE	ACE	
						3. Date Incorporated or Qualifed			
						12/22/1998		T-1.	
2. Principal Place of Br	Principal Place of Business 2a. Mailing Address		:SS			4. FEI Number	_		plied For
26					65-089241		<del></del>	t Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite, Apt. #, etc.		etc.			5. Certificate of Status Desired		\$8.75 A	-
City & State		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	- 1
23	Country	28 Zip		untry		8. This corporation owes the currer	t voor Intan		
Zip	Country	— ·	Zip Country		Personal Property Tax.		Yes	XNo	
24	me and Address of Curren	29				10. Name and Address of New Re	aistered Aa	ent	
9. Na	me and Address of Curren	It Vehisteren Whou		81	Name		<u> </u>		
LINER, BREN	DA A				ı				
664 E. CONF				82	2 Street Address (P.O. Box Number is Not Acceptable)				
BOCA RATOR				83					
BOCK INTO	4 FL 33400			63					
				84	City		FL	85 Zip (	Code
11 Pursuant to the pro	ovisions of Sections 607.050	2 and 607,1508, Florid	la Statutes, the	above	-named corp	oration submits this statement for the p	urpose of ch	anging its	registered
office or registered	agent, or both, in the State r with, and accept the obliga	of Florida, Such chance	ie was autnorize	ea ov	tue corporair	on's board of directors. I hereby accept	the appointn	nent as re	gistered
agent. I am Iarrilla	r with, and accept the obliga	idoris or, section cor.c	ovo, i ibliga ou	atatos.	•				
SIGNATURE Signature 1	yped or printed name of registered age	nt and title if applicable.	(NOTE: Register	ed Agen	t signature require	d when reinstating)	DATE	,	
12.		D DIRECTORS	13	3.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	RS IN 12
TITLE D		DE	LETE 1.1	TITLE				Change	☐ Addition
	BRENDA A		1.2	NAME					
	CONFERENCE DR.		13	STREET	ADORESS				
BOOA	RATON FL 33486			CITY-ST					
	HATON FL 33400			TITLE	1-24			Change	Addition
TITLE ,			_				_		_
NAME		,		NAME					
STREET ADDRESS					ADDRESS				1
CITY-ST-ZIP				CITY-S	T-ZIP	<del></del>		Change	☐ Addition
TITLE		□ De		TITLE	Ì		,		
NAME				NAME					
STREET ADDRESS			3.3	STREET	ADDRESS				
CITY-ST-ZIP	-			. CITY-S	T-ZIP		<del></del>		
TITLE		□ DI	LETE 4.1	TITLE			Ļ	Change	Addition
NAME			4. 2	NAME					
STREET ADDRESS			4.3	STREET	ADDRESS				
CITY-ST-ZIP			4.4	спу-в	T-ZIP				
TITLE			LETE 6.1	TITLE			{	☐ Change .	Addition Addition
NAME			5.2	NAME					
STREET ADDRESS			5.3	STREET	T ADORESS				
CITY-ST-ZIP			5.4	слу-в	T-ZIP				
TITLE		[] 01	LETE 6.1	TITLE			[	Change	☐ Addition
NAME			6.2	NAME					
i restrict									
CTREET ADDRESS			6.3	STREET	T ADDRESS				
STREET ADDRESS				STREET					

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.