2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000024203



FILED Jan 14, 2003 8:00 am Secretary of State

KANNIK			•					(01-14-2003	90067	044 ****	158.	75	
Principal Place of Business 5458 W. SAMPLE ROAD MARGATE FL 33073 2. Principal Place of Business			Mailing Address 4216 TRANQUILITY DRIVE HIGHLAND BEACH FL 33487				II		10110 (1011 10 11) 10 1	[20	(1 0 11871 4 18(1		leda reik inak	
			3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES							
City & State			City & State		4. FEI			5-0910348				lied For Applicable	7	
		Çountry -	Zip Cou		itry				atus Desired	X	\$8.75 Fee Re			
	6. Name	and Address of Current	Registered Agent				7. Name	and Add	ress of New Re	egistere	d Agent]
0110017	(D. LICOAT				Name									1
SUSSKIND, HORST 4216 TRANQUILITY DRIVE					Street A	ddress (P.	O. Box Nu	mber is N	lot Acceptable))		·· *]
HIGHLAN	ND BEACH F	L 33487						4 - 0						1
					City	<u>.</u>			 .	F	Zip	Code		}
8. The above the obliga	e named entity ation's of regist	y submits this statement for ered agent.	or the purpose of changing its	registere	ed office o	r registered	agent, or	both, in t	he State of Flor	-	— ;	vith, ar	nd accept	1
SIGNATURE		or printed name of registered agent	and title if anythering								<u> </u>			
	orginatore, typed	or printed name or registered agent	and the rapplicable. (NOTE	:: Hegistered	a Agent signat	ure required wt	nen reinstating)		DATE				_
		! FEE IS \$150.00					٩	Floation	Campaign Fina	anaina	•	_ ^^		}
and the second second	• .	3 Fee will be \$550.00 Florida Department o	f State				J.		nd Contribution	•	□ A	O.UU bebbc	May Be o Fees	
10.		OFFICERS AND	DIRECTORS	11.					NGES TO OFFIC	CERS AN	ND DIRECT	ORS I	N 11	1
TITLE NAME	PD Susskind), DUENPEN	☐ Delete	TITLE			ADDITIO	NS/CHAN	NGES TO OFFIC		10 011 (00)		Addition	0/02)
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TITLE	SD	NQUILITY DRIVE	Delete	NAME STREE	ET ADDRESS ST-ZIP	500	UAF N	۲۲ ر		e Ek	□ Char	30	73 Addition	R2E034 (1
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CITY-ST-ZIP 12. I hereby certify that the information supplied put his 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 report or supplemental 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 trusted en powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addition—with all other like empowered.

STREET ADDRESS

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #