FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 23, 1999 8:00am

Secretary of State

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

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DOCU 1. Corporation BRSD, I	on Name	# S 003	354					01-23-1999 9			 	111 1881
Principal Plac	ce of Business		M	lailing Address				1 1001100		•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				1201 NW 94 AVE.								
PLANTATION F	-L JJ322		Ρļ	ANTATION FL 33322				DO NOT	WRITE IN TH	HS SPACE		
							3	3. Date Incorporated or Qua	· · · · · · · · · · · · · · · · · · ·	IIO O/ NOL		
								09/04/1990				
2. Principal P	Place of Busine	ess	2a	. Mailing Address			- 4	. FEI Number			Applied F	or
21			26					65-0218706			Not Appli	icable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.			,	5. Certifcate of Status Desire	ed 🗆	•	5 Addition	
22			27	000							Required	
City & State			28	City & State			6	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
Zip	F	Country		Zip	Cou	ntry	8	I. This corporation owes the	current year	Intangible		
24	<u>_</u> _	25	29	<u> </u>	30			Personal Property Tax.		☐ Yes	⊠No	
	9. Name a	and Address of (Current Regis	stered Agent		81 Name	1(). Name and Address of N	ew Register	ed Agent		
WEI	SSMAN, SHI	RLEY S.				81 Name						
	1 NW 94 AV					82 Street	Address (P.O. Box Number is Not Ac	ceptable)			
PLAI	NTATION FL	33322				83					5 7-1 5	9.46
										<u> </u>	7 35 7	
						84 City				85 Z	ip Code	
11 Pursuant	to the provision	ons of Sections 60	07.0502 and 6	07.1508, Florida Statu	ites, the al	ove-named	corporation	on submits this statement for	the purpose	of changing	its registe	ered
office or r	egistered age	nt, or both, in the	State of Florid	da. Such change was	authorized	by the corpo	corporation's b	on submits this statement for locard of directors. I hereby a	the purpose ccept the ap	of changing pointment as	its registe s registere	ered d
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED BA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99 Date (954) 475-2335" Daylime Phone #