PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90127 044 ***158.75

DOCUI 1. Corporation HALOR (9					
Principal Place of Business Mailing Address					—-{	MIT MINIS MINST MINIS A	idit didit feat
STE 204	e of Business	STE 204					
1 WEST SAMPLE ROAD 1 WEST SAMPLE ROAD					·		
POMPANO BEACH FL 33064 POI			POMPANO BEACH FL 33064		DO NOT WRITE IN THIS SPACE		
US		US			 Date Incorporated or Qualified 10/11/1990 		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0225955	ļ.~ ķ	plied For t Applicable	
Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		00 0220900	\$8.75		
Suite, Apt.	#, etc.	27			5. Certificate of Status Desired	Fee Re	
City & Stat	£	City & State		·	6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	
Zip	Country	Zip	Country	у	8. This corporation owes the current year	r Intangible	
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Register	red Agent	
AL TO	SOUTHER MAROUR		81	Name			
ALTSCHULER, HAROLD ONE WEST SAMPLE ROAD			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
STE			<u> </u>				
	IPANO BEACH FL 33064		83	1			
POMPANO DEACH 12 33004			84	City		85 Zip 0	Code
			i	<u> </u>	poration submits this statement for the purpos	FL 83 ZB	
SIGNATURE	m familiar with, and accept the oblig	ent and title if applicable. (NOTE.	Registered Age		ed when reinstating} DATE		70.131.40
12.		ND DIRECTORS	13.	1	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
TITLE	PTD	☐ DELETE	1.1 TITLE			☐ Change	
NAME	ALTSCHULER, HAROLD		1.2 NAME				
STREET ADDRESS	1		1	TADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-3	ST- ZIP		☐ Change	Addition
TITLE	VSD	C oeceie	2.1 TITLE			Containgo	
NAME	ALTSCHULER, LORRAINE		2.2 NAME 2.3 STREET ADDRESS				
STREET ADDRESS	1 WEST SAMPLE ROAD, SUITE 204 POMPANO BEACH FL		2.4 CITY-ST-ZIP				
CITY-ST-ZIP	TOMINATO BEACTITE	☐ DELETE	3.1 TITLE	31-21		Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME	:	•		
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME	\			į
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	<u> </u>	☐ DELETE	5.4 CITY-1	31-ZIP		☐ Change	Addition
TITLE			6.2 NAME		•		
NAME OTREET ADDRESS				TADORESS	•		ľ
STREET ADDRESS			64 CITY-				ļ
CITY-ST-ZIP	İ						

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 (Date

Daytime Phone #

:R2E034 (11/98