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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$12271

LEFCOURT, BILLIG, SARBEY, TIKTIN & YESNER, P.A.

Principal Place	of Business	waning Address											
2100 PONCE DE	E LEON BLVD. #800 5 FL 33134	2100 PONCE DE LEON BLVD. #800 CORAL GABLES FL 33134										_	
									OO NOT V	VRITE IN	THIS SPAC	E	
						3.	Date Inco	orporate	d or Quali	fed			
						1	11/13/	1990					1
2 Principal Pl	ace of Business	2a. Mailing Addre	156			4.	FEI Num					Apr	lied For
Z. Principai Pi	ace of business	—	.33			"	65-022				Ì		Applicable
26							007022	3300		****	0.0		
Suite, Apt. #, etc. Suite, A			Apt. #, etc.			5.	Certifcate	of Stat	us Desire	d \square	* *		dditional
27											<u>- </u>	ee Re	dnitea
City & State	9	City & State				6.	Election (Campaig	gn Financ	ing 🖂	\$	5.00	May Be
23		28	28				Trust Fur	nd Conti	ribution		A	dded to	Fees
Zip	Country Zip			Country			This core	oration	owes the	current ve	ar intangibi	 {	
 ·	25 29 30			•	Personal Property Tax.				,	DEY.		□No l	
24			[30]	$\overline{}$		10				w Regist	ered Agen		
	9. Name and Address of Curre	ni Kegisterea Agent		81	Name		, 100///C M/	10 71001	000 01 111	7 11 1 1 U g. U .		·	
14.7	DECICTEDED ACENT CODD			01	Name								
	REGISTERED AGENT CORP.		82 Street Add			Address (P.O. Box Number is Not Acceptable)							
100	s. 2nd street		l T			,				• '	- •		j
28TH	I FLOOR			83									
	AI FL 33131												
1715 111	,,, , , , , , , , , , , , , , , , , ,			84	City						FL 85	Zip C	Code
	to the provisions of Sections 607.05						- cub mito	thin stat	oment for	the nume	se of chang	ina ite	registered
office or re	to the provisions of Sections 607.056 agistered agent, or both, in the State on familiar with, and accept the obliga	e of Fiorida. Such chanc	ae was autnoriz	eu by	the corpo	oration's bo	pard of dir	ectors.	hereby a	ccept the	appointmen	t as reg	istered
SIGNATURE	Signature, typed or printed name of registered age	ant and title if anniicable	(NOTE: Register	red Ager	1 signature re	equired when r	einstating)			DA	TE :		<u> </u>
12. OFFICERS AND DIRECTORS							ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
	DV DELETE			13.		<u> </u>						hange	Addition
TITLE	- '										٠.		
NAME	YESNER, JACK I.		1.2	NAME									
STREET ADDRESS	7800 SW 132 CT.		1,3	STREE	TADDRESS								
CITY-ST-ZIP	MIAMI FL		1.4	CITY-S	T-ZIP							/	
TITLE	DP	□ DE	LETE 2,1	TITLE								hange	☐ Addition
	•	_	2.2	NAME							.;		
NAME	LEFCOURT, JEFFREY					1200	< sal	04	TOVI	•			
STREET ADDRESS	3 GROVE ISLE APT #804		2.3	STREE	TADDRESS	6124	, , , , ,	٥,	,,,,,	7 10-7			1
CITY-ST-ZIP	C OCONUT GROVE FL		2.	4 CITY-5	T-ZIP		, sw Iiami	<u>_ FC</u>	/ 3	5176			
TITLE	DV	□ DE	LETE 3.1	TITLE				•				hange	☐ Addition
NAME	BILLIG. ROBERT		3.2	NAME									<u> </u>
	2111 NE 205 ST.				ADORESS	1							
STREET ADDRESS											-		
CITY-ST-ZIP	N. MIAMI BCH FL			CITY-S	T-ZIP	ļ	_					hance	Addition
TITLE	DS	☐ DE	LETE 4.1	TITLE							Π,	hange	
NAME	SARBEY, DAVID		4	2 NAME									l
STREET ADDRESS	405 DUNWOODY LANE		43	STREE	T ADDRESS								l
ļ	HOLLYWOOD FL			CITY-5							•		
CITY-ST-ZIP				TITLE	1- ZIF	 			·		[7]	hange	Addition
TITLE	DT										۲.	90	
NAME	TIKTIN, STEVEN		1	NAME									l
STREET ADDRESS	6950 SW 98 ST.		5.3	STREE	TADDRESS								İ
CITY-ST-ZIP	MIAMI FL		5.4	CITY-S	T-ZIP								
TITLE			LETE 6.1	TITLE	-							hange	☐ Addition
		_		NAME		ļ							
NAME					T ADDRESS								i
STREET ADDRESS			6.3	SIKEE	NUUKESS	i							

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filip 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

305-442-6363