## 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

## Jun 08, 1999 8:00 am Secretary of State

06-08-1999 90002 016 \*\*\*550.00

1. Corporation	MENT # S13077 AND COMPANY, INC.								
Principal Place	of Rusiness	Mailing Address				1 (#4)(4)(# (4) (5	BAR iliti Abili IBBN 1861 Al	Bit Bibit Bibit Bibit	PIBIT BERT: IRE:
19 BERWICK RO PALM BEACH G	Jau Bardens FL 33410	19 BERWICK RD PALM BEACH GARDENS FL 33418					OO NOT WRITE IN T	LIE SOACE	
		US				Date Incorporate		HIS SPACE	
l						11/14/1990	o or wanted		
2 Principal Pl	ace of Business	2a, Mailing Address				4. FEI Number		A	plied For
21		26				65-0230322		No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of State	us Desired		Additional
27						5. Certificate of State	us Desired 🗀	Fee Re	equired
City & State	)	City & State				6. Election Campaign Financing \$5.00 May Be			
23					· · ·	Trust Fund Contr	ibution	Added	to Fees
Zip	Country	Zip	Count	try		1	owes the current year	_	
24	25	29	30			Personal Propert		Li Yes	□No
	9. Name and Address of Curren	t Registered Agent		81 N		10. Name and Addr	ess of New Register	ed Agent	
מווכ	TIE ANIODEW		(	" ויי	Name				
DULCIE, ANDREW 19 BERWICK RD				B2 S	Street Addr	ess (P.O. Box Number i	s Not Acceptable)		
PALM BEACH GARDENS FL 33418				B3					
1 761	I BEACH GANDENO LE SOTIO		1	3					
			[	84	City			85 Zip	Code
11. Pursuant office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607,1508, Florida Statut of Florida, Such change was a	es, the about	ove-n	amed_corp e corporation	oration submits this state on's board of directors. I	ement for the purpose hereby accept the ap	e of changing its opointment as re	registered gistered
agent. I ar SIGNATURE	m familiar with, and accept the obliga								
Signature, typed or printed name of registered agent and title if applicable.			Registered Agent signature require				DATE		DBS (N. 12
12.		ID DIRECTORS	13.	<del>-</del>	<del>r</del>	ADDITIONS/CHAI	NGES TO OFFICERS	☐ Change	Addition
TITLE	PS ANDROW	☐ pereis	1		1				
NAME	DOLOIL, MIDIE.		1.2 NAV						
STREET ADORESS	19 BERWICK RD	•	1.3 STR						
CITY-ST-ZIP	PALM BCH GARDENS FL 3341	8 <b>S</b> DELETE	1.4 C/TY		IP.	ICE Presid	Ont	M Change	Addition
TITLE	VT	DELETE	2.1 TITL 2.2 NAM		¥ 1	TEVEN DUL	cie	ەربىدىن سې	
NAME	DULCIE, STEVEN				1 1	2 Berwick	RD.		
STREET ADDRESS	15 BEITHOR TIE			STREET ADDRESS 14 WEF WICH RV.			and and FL	. 3341	ક
CITY-ST-ZIP	PALM DUTI. GANDENS PL 334	DELETE □	2. 4 CIT 3.1 TITL		<u> </u>	CASURE	FLGENZ	Change	Addition
TITLE		□ perete	3.2 NAM		À	Duard Dule	ic		_
NAME					SOCCE 19	Berwick	RD		
STREET ADDRESS			3.3 STR 3.4. CIT		UKESS TO	alm Beach	Gardous	FL. 33	418
CITY-ST-ZIP		☐ DELETE	4.1 TITL		OP TE	AIM DEALS	0414(-3	Change	Addition
TITLE			4.1 111C						_
NAME			4. 2 NAI 4.3 STR		nnpegg				
STREET ADDRESS			4.3 STR						
CITY-ST-ZIP		DELETE	5.1 TITL		ar			☐ Change	☐ Addition
TITLE			5.2 NAM						
NAME OTDEET ADDDEED			5.3 STR		DDRESS				
STREET ADDRESS			5.4 CIT		l l				}
CITY-ST-ZIP		☐ DELETE	6.1 TITL		-+			☐ Change	Addition

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.

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

561-694-9334