SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

C/O BRUCE BRAUNSTEIN

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

SIGNATURE

12. TITLE

1201 WHITESTONE WAY DAVIE FL 33325



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S33623

BRAUNSTEIN, BRUCE NAME 1201 WHITESTONE WAY STREET ADDRESS DAVIE FL 33325 CITY-ST-ZIP TITLE DELETE NAME STREET ADDRESS CITY-ST-ZIP DELETE TITLE + NAME STREET ADDRESS CITY-ST-ZIP DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE TITLE NAME STREET ADDRESS CITY-ST-ZiP TITLE DELETE NAME STREET ADDRESS CITY-ST-ZIP 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 of an attachment with an address.

FILED Aug 27, 1999 8:00 am Secretary of State

08-27-1999 90005 017 ***550.00

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/IE FL 33325 FT. LAUDERDALE FL 33326			33326			TE IN THIS SPAC	<u>. E</u>
					3. Date Incorporated or Qualified		
 		A MANUEL Address	_		02/22/1991 4. FEI Number		Applied For
rincipal Place of Business		2a. Mailing Address			1 '	<u>}</u>	Not Applicable
11 - 6 - 4		Suite, Apt. #, etc.			65-0244743	¢ g	.75 Additional
uite, Apt. #	, etc.	27 Suite, Apr. #, etc.		~	5. Certificate of Status Desired	1 1 + -	ee Required.
ity & State		City & State			6. Election Campaign Financing	S.	5.00 May Be
nty a otato		28			Trust Fund Contribution		dded to Fees
ip	Country	Zip	Cou	ıntry	8. This corporation owes the curr	ent vear	
	25	29	30	·	Intangible Personal Property.	Yes	☐ No
	9. Name and Address of Curre				10. Name and Address of New F	Registered Agent	
		- -	_	81 Name			
LEG	AL INFORMATION SERVICES			82 Street Add	trace (D.O. Roy Number is Not Assents	abla)	
1290 WESTON ROAD				oz Street Add	ress (P.O. Box Number is Not Acceptable)		
SUIT	TE 300			83			
FT.	Lauderdale FL 33326					Toe!	Zip Code
				84 City		FL 85	ZID COOR
office or re	to the provisions of sections 607.051 egistered agent, or both, in the Stat in familiar with, and accept the obliq	le of Florida. Such change wa	as authorize	d by the corpora	oration submits this statement for the pution's board of directors. I hereby acception	or the appointment	as registered
office or re agent. I ar	egistered agent, or both, in the Stat in familiar with, and accept the obliq signature, typed or printed name of registered ag	e of Florida. Such change wa gations of, section 607.0505, ent and title if applicable.	Florida Stat	d by the corpora	quired when reinstaung)	DATE	as registered
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SIGNATURE:

ME OF SIGNING OFFICER OR DIRECTOR

4424-6101