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

PROFIT CORPORATION ANNUAL REPORT

1999



DIVISION OF CORPORATIONS

Feb 01, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State 02-01-1999 90046 025 ***150.00

DOCUI 1. Corporation FDOC, II							
1000, 11	NO.						
Principal Plac	e of Business	Mailing Address				• BIBLI DIDIL DIDIL BIDI DIDIL DIBIL IBI	8 1
639 U.S. HIGHWAY 1 639 U.S. HIGHWAY 1 NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 3			3408		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
	,			+	06/06/1991		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	ヿ
21		26		65-0269294	Not Applicab	ole	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional	
22		27			5. Certificate of Glatias Desired	Fee Required	_
City & Stat	8	City & State			6. Election Campaign Financing	\$5.00 May Be	1
23		28			Trust Fund Contribution	Added to Fees	_
Žip	Country	Žip	Country		8. This corporation owes the current year I		
24	25		30		Personal Property Tax.		
<u> </u>	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registere	3 Agent	\dashv
. DEC	ESARE, FRANK J		""	· ·			
	Ü.S. HIGHWAY 1		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
NORTH PALM BEACH FL 33408			83		1 (1974) \$ 160 \$ 160 \$ 180 \$ 180 \$ 2 \$ 2 \$ 2 \$ 2 \$ 2 \$ 2 \$ 2 \$ 2 \$ 2 \$	The fill of the state of the st	i či -
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	•		84	City	E	85 Zip Code	**
27 - 12 - 18 - 18 - 18	to the provisions of Spetions 607 050	2 and 607 1509. Florida Statute	e the above	named corr	poration submits this statement for the purpose	of changing its registered	╗
office or i	egistered agent, or both, in the State	of Florida. Such change was au	thorized by	the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as registered	_
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flori	da Statutes	•			
SIGNATURE	Signature, typed or printed name of registered agen	at and title if applicable (NOTE: F	Registered Agen	nt signature require	ed when reinstating) DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1,1 TITLE		68, 2020,000	☐ Change ☐ Addi	ition
NAME	DECESARE, FRANK J		1.2 NAME				
STREET ADDRESS	639 U.S. HIGHWAY 1		1.3 STREET	TADDRESS	•	•	
CITY-ST-ZIP	NORTH PALM BEACH FL 3340	8	1.4 CITY-S	T-ZIP			
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STREET ADDRESS]		2.3 STREET	T ADDRESS	. •.		
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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.

6.4 CITY-ST-ZIP

SIGNATURE: