PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **\$59611**



DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

05-10-1999 90249 016 ***150.00

JIM E. S	SOLOMON & ASSOCIATE	S, P.A.											
Principal Place	e of Business	Mailing Address					1 #8				· -:-:: =:=:: 5:5!(31317 WIEH (WS)	
1180 S POWER	rline RD.	1180 S POWERLIN	NE RD.										
S207 S207								D		ITE IN TU	IS SPACE		
PUMPANU BCH	1. FL JJ U 09	POMPANO BCH. F	-L 33003			-	3 Date Inc			NOT WRITE IN THIS SPACE or Qualified Applied For Not Applicable			
							06/12/						
2. Principal P	Place of Business	2a. Mailing Addr	e <u>s</u> s				4. FEI Nur				Α	oplied For	
							65-03	13989			N	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.								te of Statu	s Desired				
City & State City & State							6. Election	Campaigi	n Financing		\$5.00	May Be	
23	Laubordale t	7					Trust Fo	and Contrib	oution		Added	to Fees	
Zip 24 333	34 25 USA	Zip 29	30	Country				poration o		rent year	Intangible Yes	□No	
	9. Name and Address of Cui	rrent Registered Agent					10. Name a	nd Addre	ss of New	Registere	d Agent		
901	ONAONI IRA E			81	Name					Applied For Not Applicable \$8.75 Additional Fee Required Incing \$5.00 May Be Added to Fees The current year Intangible Yes No New Registered Agent			
				82	Street	Address	s (P.O. Box	Number is	Not Accep	table)			
				83									
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Power and Address of Current Registered Agent SOLOMON, JIM E. 1180 S POWERLINE RD. S-207 POMPANO BCH. FL 33069				84	City						85 Zip	Code	
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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, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE: