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

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90070 004 ***150.00

DOCUMENT # 1. Corporation Name	S62423

200 West Camino Real

Boca Raton, Florida

25

HOFFMAN, MARC H.

Suite "N"

Country

9. Name and Address of Current Registered Agent

SIMCHA, INC.

Principal Place of Business ··· MARK H. HOFFMAN W. PALMETTO PARK ROAD - RATON FL 33433

Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

2a. Mailing Address

City & State

33432

27

C/O MARK H. HOFFMAN 7251 W. PALMETTO PARK ROAD BOCA RATON FL 33433

26 200 West Camino Real

Suite, Apt. #, etc. Suite "N"

28 Boca Raton, Florida

Country

USA

Name

DO NOT WRITE IN THIS SPACE

This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

561/477-8044

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

Trust Fund Contribution

Personal Property Tax.

April 30, 1999

Election Campaign Financing

06/26/1991

65-0269338

4. FEI Number

7251 W. PALMETTO PK. RD				iidei is i	ioi Accep	tabl e)						
	E-200				กลเ	Wost	· Comi	n o D	001	Sui	to !! N!!	
BUCA HATUN FE 33433				_	City			110 N	car,		85 Zip	
office or re	RATON FL 33433- RATON FL 33433- REAL Suite "N" By City Boca Raton By Code 33 4 32 Stered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. RATON FL 344 Boca Raton By City Boca Raton By Code 33 4 32 By Code 34 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4											
SIGNATURE	Signature, typed or printed name of registered agent and little if appl	icable (NOTF:	Registered A	oent sid	nature re	guired when r	reinstating)			DATE		
i2.		· · · · · · · · · · · · · · · · · · ·				-		CHANG	ES TO O	FFICERS A	AND DIRECTO	ORS IN 12
	D	☐ DELETE	1,1 TITL	E							Change	Addition
-	HOFFMAN, BETTINA J.		1.2 NAM	ŧE								
······································			1.3 STR	EET AD	ORESS	200	West	Cami	no F	Real,	Suite	" N "
ST-ZIP			1,4 CITY	-ST-ZI	Р	Boca	a Rato	n. I	lori	ida	33432	
i		☐ DELETE	2,1 TITL	£	-						☐ Change	Addition
1			2.2 NAME									
ESCHWING :			2.3 STR	EET AD	DRESS							
ST-ZIP			2. 4 C/T	Y-ST-Z	he							
		☐ DELETE									☐ Change	☐ Addition
			3.2 NAM	ΙE								
OSSERVACIA I I I I I I I			3.3 STR	EET AD	DRESS							
ST-ZIP			3,4. CIT	Y-ST-Z	JP							
- 11 1		☐ DELETE	4.1 TITL	E							☐ Change	Addition
			4, 2 NA	νE								
::_ i ADDRESS			4.3 STR	EET AD	DRESS							
··· ST ZIP			4,4 CITY	-ST-ZI	ρ							
-	· · · - · · · · · · · · · · · · · · · ·	☐ DELETE	5.1 TITL	E						_	☐ Change	Addition
<u>.</u>			5.2 NAW	tE.								
) ADORESS			5.3 STR	EETAD	DRESS							
··-ST-ZIP			5.4 CITY	-ST-ZI	P							
		☐ DELETE	6.1 TITL	E							☐ Change	Addition
			6.2 NAM	E								
: 1 ADDRESS			6.3 STR	EET AD	ORESS							
ST ZIP			6.4 CITY	-ST-Z	P							
i4. I hereby c indicated officer or o	pertify that the information supplied with this filing on this annual report or supplemental annual repolarized or the corporation or the receiver or trusted Block 13 if changed, or on an attachment with	ort is true and accur se empowered to ex an address, with all	rate and t recute this	hat m s repo	iy signa ort as r	ature shall equired by	have the sa y Chapter 60	me legal 7, Florid	errect as a Statute	if made ur s; and that	nder oatn; that	ears in