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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCU	MENT # \$72241								
Corporation	Name SIZZTI								
B. T. SA	LES CORP.				Ì				
		<u>. </u>							
Principal Place	of Business	Mailing Address			ļ				
950 MOCKINGBIRD LN 950 MOCKINGBIRD LN									
PLANTATION FI	L 33324	PLANTATION FL 333	24		Ì	DO NOT W	RITE IN THIS	SPACE	•
					3.	Date Incorporated or Qualife	ed		
	العاد المعقول منازي المرازية المرازية	÷ ,	•			08/07/1991			}
2. Principal Pl	ace of Business	2a. Mailing Address			4.	FEI Number		App	olied For
21		26				<u>65-02846</u> 67			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	C.		5.	Certificate of Status Desired		\$8.75 A	A .
22		27						- Fee Re	·
City & State	9	City & State			6.	Election Campaign Financin Trust Fund Contribution	9 □	\$5.00 Added to	
23 Zin	Country	28	Cou	ntrv	- .	This corporation owes the cu	reent year Int		o rees
Zip	25	29	30	,	6.	Personal Property Tax.	allein year iin	Yes	X No
24	9. Name and Address of Curren		30		10.	Name and Address of Nev	v Registered		
	The state of the s	· · · · · · · · · · · · · · · · · · ·		81 Name					
	ian, joseph			82 Street	Addrace (E	P.O. Box Number is Not Acce	ntable)		
950 MOCKINGBIRD LN				30000	Address (r	.o. box Namber is Not Acce	-	-	
PLANTATION FL 33324			,	83					ł
				84 City				85 Zip C	Code
			_				FL	•	
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida	Statutes, the al	bove-named	corporatio	n submits this statement for the	he purpose of cept the appoi	changing its	registered distered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.050	5, Florida Statu	ites.					^
SIGNATURE									
12.	Signature, typed or printed name of registered ager		(NUTE: Registered				DATE		 1
121	OFFICERS AN		13.	Agent signature r		reinstating) ADDITIONS/CHANGES TO 0	DATE OFFICERS AN	ID DIRECTO	RS IN 12
TITLE		D DIRECTORS	13. ETE 1.1 TO					ID DIRECTO	RS IN 12
TITLE NAME	D	D DIRECTORS		TLE					
NAME	D Tirman, Joseph	D DIRECTORS	1.1 TIT 1.2 NA	TLE					
NAME STREET ADDRESS	D TIRMAN, JOSEPH 950 MOCKINGBIRD LN	D DIRECTORS	1.1 TIT 1.2 NA 1.3 ST	TLE IME					
NAME	D Tirman, Joseph	D DIRECTORS	1.1 T/I 1.2 NA 1.3 ST 1.4 Cr	TLE ME REET ADDRESS TY-ST-ZIP					
NAME STREET ADORESS CITY-ST-ZIP	D TIRMAN, JOSEPH 950 MOCKINGBIRD LN	D DIRECTORS	1.1 TII 1.2 NA 1.3 ST 1.4 CF ETE 2.1 TII	TLE ME REET ADDRESS TY-ST-ZIP				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	D TIRMAN, JOSEPH 950 MOCKINGBIRD LN	D DIRECTORS	1.1 TII 1.2 NA 1.3 ST 1.4 CF ETE 2.1 TII 2.2 NA	TLE ME REET ADDRESS TY-ST-ZIP TLE				☐ Change	☐ Addition
NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	D TIRMAN, JOSEPH 950 MOCKINGBIRD LN	D DIRECTORS DELE	1.1 TII 1.2 NA 1.3 ST 1.4 CC 2.1 TII - 2.2 NA 2.3 ST 2.4 CC 4.4 C	TLE ME REET ADDRESS TY-ST-ZIP LE ME - REET ADDRESS TY-ST-ZIP				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D TIRMAN, JOSEPH 950 MOCKINGBIRD LN	D DIRECTORS	1.1 TTT 1.2 NA 1.3 ST 1.4 CC 2.1 TTT 2.2 NA 2.3 ST 2.4 CC ETE 3.1 TTT	TLE ME REET ADDRESS TY-ST-ZIP LE ME - REET ADDRESS TY-ST-ZIP				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIRMAN, JOSEPH 950 MOCKINGBIRD LN	D DIRECTORS DELE	1.1 TII 1.2 NA 1.3 ST 1.4 CT ETE 2.1 TII 2.2 NA 2.3 ST 2.4 CI ETE 3.1 TII 3.2 NA	TLE ME REET ADDRESS TY-ST-ZIP TLE ME - REET ADDRESS TY-ST-ZIP TLE ME				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D TIRMAN, JOSEPH 950 MOCKINGBIRD LN	D DIRECTORS DELE	1.1 TII 1.2 NA 1.3 ST 1.4 CF ETE 2.1 TII 2.2 NA 2.3 ST 2.4 CF ETE 3.1 TII 3.2 NA 3.3 ST	TLE ME REET ADDRESS TY-ST-ZIP TLE ME - REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIRMAN, JOSEPH 950 MOCKINGBIRD LN	D DIRECTORS DELE	1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CI ETE 3.1 TII 3.2 NA 3.3 ST 3.4 CI A.4 CI 1.5 TIE 3.4 CI 3	TLE ME REET ADDRESS TY-ST-ZIP TLE ME - REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP REET ADDRESS				☐ Change	Addition Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D TIRMAN, JOSEPH 950 MOCKINGBIRD LN	D DIRECTORS DELE	1.1 TII 1.2 NA 1.3 ST 1.4 CF ETE 2.1 TII 2.2 NA 2.3 ST 2.4 CF ETE 3.1 TII 3.2 NA 3.3 ST 3.4 CF ETE 4.1 TII 4.2 NA	TLE ME REET ADDRESS TY-ST-ZIP TLE ME - REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TTY-ST-ZIP TLE TREET ADDRESS TTY-ST-ZIP TLE AME				☐ Change	Addition Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D TIRMAN, JOSEPH 950 MOCKINGBIRD LN	D DELE	1.1 TTI 1.2 NA 1.3 ST 1.4 CC 2.1 TTI 2.2 NA 2.3 ST 2.4 CCI ETE 3.1 TTI 3.2 NA 3.3 ST 3.4. CCI ETE 4.1 TTI 4.2 NA 4.3 ST 4.4 CCI ETE 5.1 TTI 5.2 NA 5.3 ST	TLE ME REET ADDRESS TY-ST-ZIP TLE ME - REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TTY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS				☐ Change ☐ Change ☐ Change	Addition Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D TIRMAN, JOSEPH 950 MOCKINGBIRD LN	D DELE	TE 1.1 TII 1.2 NA 1.3 ST 1.4 CC 2.1 TII 2.2 NA 2.3 ST 2.4 CC 2.1 TII 4.2 NA 4.3 ST 4.4 CC 5.1 TII 5.2 NA 5.3 ST 5.4 CC 5.4 CC 5.5 CC 5.	TILE ME REET ADDRESS TY-ST-ZIP TLE ME - REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE REET ADDRESS TY-ST-ZIP TLE REET ADDRESS TY-ST-ZIP TLE REET ADDRESS TY-ST-ZIP TLE ME				☐ Change ☐ Change ☐ Change	Addition Addition Addition

14. I hereby certify that the information supplied with this filips 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 suppliemental 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 of the receiver of trustee empowered to execute this report as required by Chapter 601. Florida Statutes; and that my name appears in Block 12 or Block 13 it changes, or do not attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: 1

STREET ADDRESS

SIGNAPORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 954472 3480

Date Daytime Phone #

7D2E034 (11/08)