**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT: # \$90006

Principal Plac	INDUSTRIAL DR.	Mailing Addysss P.O. BOX 4310 ROCKUPLE MD 20849-4:	ทอ		DO NOT WRITE IN T		
					3. Date Incorporated or Qualifed		
		<b>(</b>			10/25/1991		
2. Principal F	Place of Business	2a. Mailing Address		. 1044	4. FEI Number	<b>├├</b>	pplied For
21			gene !	exyg_	65-0302517		ot Applicable Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc. (27 40 LSO N	cek!	ay _	5. Certificate of Status Desired		Additional laquired
City & State		28 Och State MD		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year		<u>~</u>
24	25	29 LOS A	<u> 30 U</u>	S/I	Personal Property Tax.	☐ Yes _	XQNo
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New Register	ed Agent	
COF	INBLATT, ARNOLD						
7545 CENTRAL INDUSTRIAL DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)			
	ERA BEACH FL 33404			83			
						. 85 Zip	Code
•				84 City	F	L S ZP	CAGE
			TE: Registered	Agent signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
TITLE	PD	DELETE	1.1 TT	TE I	Applitions of private to service to	Change	
NAME	CORNBLATT, ARNOLD	_	1.2 N	ME			
STREET ADDRESS	*** *** **** ****		1.3 51	REET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL		1,400	ry-51-2iP			
TITLE	STD	☐ DELETE		rue		Change	Addition
NAME	FRIED, LOIS		2.2 N	_			
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP	ROCKVILLE MD		2.4C	TY-ST-ZIP		Change	Addition
TITLE		[ \rac{1}{2} \rac{1}{2	32 N				
NAME STREET ANDROSS			4	REET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP			
TITLE	<u> </u>	DELETE	4.1 TR	LE		☐ Change	☐ Addition
KAME	}		4.2 N	WE		1	
STREET ADDRESS				REET ADDRESS		•	
CITY-ST-ZIP		- Deci sir		Y-ST-ZIP		Change	☐ Addition
IIITE	)	☐ OELETE	5.1 TO 5.2 N	_		□ cv straße	
NAME				REET ADORESS			
STREET ADDRESS				Y-ST-ZP			
CITY-ST-ZEP	<del></del>	DELETE	6.1 T/I			☐ Changa	Addition
AIASE			6.2 NA	ME			-

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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Jun 18, 1999 8:00 am Secretary of State

06-18-1999 90004 048 \*\*\*150.00 08-30-1999 90007 031 \*\*\*400.00