	_		E				405.10	A
FIL.	Æ	NOW:	FILING	FEE	AFTER	MAY	18 I IS	\$550.00

COF	PROFIT RPOBATION AL REPORT 1999	FLORIDA DEPART 'Kathèrin Secretary DIVISION OF CO	e Harris of State	FILED
	MENT # 5 91/72	(4)		99 FEB 10 AM 10: 04
1. Corporatio	Coven & Lo	•	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Plac		Mailing Address		
5300	N.W. 33 A Ave.	5300 N.W. 33.	d Ave	
Ft. La	e 117 ovderdale, FL 33304	Suite 117 Ft Landerdale	6, FL 33309	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/01/91
⊢ ¬ ·	Place of Business	2a. Mailing Address		4. FEI Number Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc		65-0292900 Not Applicable \$8.75 Additional
22		27		Certificate of Status Desired [] Fee Required
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be
Zip 24	Country 25	2(p) 3	Country	B. This corporation owes the current year Intangible Personal Property Tax [] Yes KNo
10	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent
	, Paul J.		82 Street Addr	ress (P.O. Box Number is Not Acceptable)
	o N.W. 33rd Ave.		83	
F4: L	arderdale, FL 333	09	84 City	FL 85 Zip Code
Office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	r Florida. Such change was autr	nonzed by the corporational statutes	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE	egnatur, type printed name of registered agent	and title if applicable Paul J	egistered Agent signalifie requires	irector 2/8/99
12.	OFFICERS ANI	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	$D = \overline{D} + \overline{T}$	[] DELETE	1.1 TOTLE	[Change
STREET ADDRESS	Lane, Paul J. 5300 N.W. 33rd Ave.	#117	1.2 NAME 1.3 STREET ADDRESS	
CITY-ST-ZIP	F1 lude-dale, F1		14 CITY-ST-ZIP	
TITLE	D	[] DELETE	2 1 TITLE	9000027772999-4**
NAME STREET ADDRESS	Coven, David A.	4 21 d	2 2 NAME 2 3 STREET ADDRESS	-02/16/9901081008 ****150.00 ****150.00
CITY-ST-ZIP	2856 E Oakland Far ft Landerdale Fi	33306	2 4 City ST-ZIP	*****1.00,00 *****100,00
TITLE		[] DELETE	31 TITLE	[] Change [] Addition
NAME PTDSET ADODGES			3 2 NAME	
STREET ADDRESS CITY-ST-ZIP			33 STREET ADDRESS	
TITLE	·····	[] DELETE	417IILE	[] Change [Addition
NAME			4 2 NAME	
STREET ADDRESS			4 3 STREET ADDRESS	
CITY-ST-ZIP TITLE		[] DELETE	44 CITY-\$1-ZIP 5 1 TITLE	
NAME			5.2 NAME	() o a go
STREET ADDRESS			53 STREET ADDRESS	!
CITY-ST-ZIP		[] DELETE	54 CITY - \$1-7(F) 6 1 THEE	David Comment
TITLE.		T. DELETE	62NAME	[Change Standard
STREET ADDRESS			63 STREET LACTURESS	う
CITY-ST-ZIP			6.4 CITY - \$1 - ZiF*	
14. I hereby c	ertity that the information supplied with	this filing does not qualify for th	ie exemption stated in S	Section 119 07(3)(i) Florida Statutes I further certify that the information

14. Thereby certify that the information supplied with this filling 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 emptions shall have the same legal effect as if made under onth, that Laru 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.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.