## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **S91954** 

## **FILED** Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90045 043 \*\*\*150.00

ELIAO W	AHKETING & CUMMUNI	OATIONO, INO							
Principal Place	e of Business	Mailing Address					I (BIER FIBIR INTRE UTEN ATRI	Athli Bibil Bibil At	#
223 PERUVIAN PALM BEACH F	AVENUE	223 PERUVIAN AVENUE PALM BEACH FL 33480					DO NOT WORTE IN	THE ODAOE	
							DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporat	ted or Qualifed		
						11/05/1991 4. FEI Number		<del></del>	Applied For
2. Principal P	lace of Business	2a. Mailing Address				"	1	$\vdash$	Not Applicable
21		Suite, Apt. #, etc.				65-0296143		\$8.7	5 Additional
Suite, Apt.	#, etc.	27 Suite, Apr. #, etc.				5. Certifcate of St	atus Desired	•	Required
City & Stat	te	City & State				6. Election Campa	aign Financing		00 May Be
23		28				Trust Fund Cor	ntribution		ed to Fees
Zip	Country	Zip		Country			n owes the current ye		□No
24 .	25	29	30			Personal Prope	, <del></del>	Yes	LINO
	9. Name and Address of Cu	rrent Registered Agent		04	Nama	10. Name and Ad	dress of New Regist	erea Agent	<del></del>
nn^	OCDO DETCO O			81	Name				
	Berg, Peter S. Peruvian avenue			82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
	M BEACH FL 33480			-		** * * * * * * * * * * * * * * * * * * *	N 188 8 10 27 1 27 1 7 1 8	Tebli Bidel Hibil d	7-1 1084: 4582: 1945
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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 the receiver or trustee empowered. CITY-ST-ZIP

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #