## 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 Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90016 016 \*\*\*150.00

<b>DOCUMENT</b>	# S9213	5

. Corporation Name

SURF-RIV	VIERA BEACH, INC.									
Principal Place	of Business	Mailing Address					1 1991(9:0 1)9 19119 1/221 1/222 1/			
2407 N OCEAN	AVE	4100 N 28TH TERR								
SINGER ISLAND	FL 33404	HOLLYWOOD FL 33020								
US		US					DO NOT WRI	TE IN THIS	SPACE	
						3.	Date Incorporated or Qualifed 11/04/1991			
2. Principal Pl	ace of Business	2a. Mailing Address				1	FEI Number		Ap	oplied For
21		26				1	65-0299627		No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				-	Certificate of Status Desired			Additional
22	•	27				3.	Certificate of Status Desired		. Fee R	equired
City & State	9	City & State				6.	Election Campaign Financing	· []	\$5.00	May Be
23		28					Trust Fund Contribution	L		to Fees
Zip	Country	Zip	Coun	try		8.	This corporation owes the curr	ent year Int	angible	
24	25	29 30	7				Personal Property Tax.	,	Yes	□No
	9. Name and Address of Current	1	1				Name and Address of New F	tegistered	Agent	
		<u> </u>		81 1	lame					
LEVY	r, Eliyaho	-	L							
4100	N 28TH TERR	والأرامينية المصابحين بالمصاب المدامية	1	<b>82</b>   S	Street Addr	ess (P	.O. Box Number is Not Accepta	iDIE) :::.	سن ب	
	LWYOOD FL 33021		-	83						
1,02			- 1	03						
					City			FL	_   ' '   ' '	Code
	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	and 607.1508, Florida Statutes, f Florida. Such change was autr ons of, Section 607.0505, Florida	the aborized a Statut	ove-na by the tes.	amed corporation	oration on's bo	n submits this statement for the pard of directors. I hereby accep	purpose of ot the appoi	changing its ntment as re	registered egistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered A	gent sig	nature required	d when re	einstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.			-	ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTO	DRS IN 12
TITLE	DV	☐ DELETE	1.1 TITL	.E					☐ Change	Addition
NAME	LEVY, ELIYAHU		1.2 NAM	Æ						
STREET ADDRESS	4100 N 28TH TERR		13 STR	EET AD	DRESS					
i	HOLLYWOOD FL 33020			Y-ST-ZI						
CITY-ST-ZIP TITLE	P	☐ DELETE	2.1 TITL						☐ Change	Addition
	BRACHA, MOSHE	<b>_</b>	2.2 NAM							
NAME	2427 E OCEAN AVE									
STREET ADDRESS				EET AD						
CITY-ST-ZIP	SINGER ISLD. FL 33404	Clost ere		Y-ST-Z	JP				[ Change	Addition
TITLE		DELETE	3.1 TITU	E.					☐ Change	☐ Addition
NAME			3.2 NAM	ΛE						
STREET ADDRESS			3.3 STR	REET AD	DRESS			**	<u> </u>	
CITY-ST-ZIP	,	معدر جيسور د	3.4. CIT	Y-ST-Z	nP '					
TITLE		☐ DELETE	4.1 TITL	E					Change	☐ Addition
NAME			4, 2 NA	ME						
STREET ADDRESS			4,3 STR	REET AD	DRESS					
CITY OT 7ID .			4400	V. ST. 7	ip					

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.

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ DELETE

3/19/99 561-881-140

☐ Change

Change

☐ Addition

Addition