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

PROFIT: CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 14, 1999 8:00 am Secretary of State

	1999	Bivision of ee			04-14-1999 90018 019) ***150.00)
DOCUI 1. Corporation HHHCS		5					
Principal Place	e of Business	Mailing Address				OUBLI OLDIY OLDIY OL	(O)(#(O)) (#O)
6353 W. ROGERS CIRCLE P O BOX 3760							
1 BOCA RATON FL 3 BOCA RATON FL 3 US					DO NOT WRITE IN THE	S SPACE	
US SOUND THE SOUND					3. Date Incorporated or Qualifed		
	·····				12/17/1991		lied For
	lace of Business	2a. Mailing Address 26			4. FEI Number 65-03 15000		plied For t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	\$8.75 A	
22	·	27	27		5. Certificate of Status Desired	Fee Red	quired
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country Zip Co				Trust Fund Contribution		o Fees
24 24	25	29 3	Countr	,	 This corporation owes the current year In Personal Property Tax. 		□No
	9. Name and Address of Curre				10. Name and Address of New Registered	Agent	
!			8	Name			
HAHAMOVITCH, HARRY H.				2 Street Ad	dress (P.O. Box Number is Not Acceptable)		
6353 W ROGERS CIRCLE SUITE #1							
BOCA RATON FL 33487				1			
5507119115141 2 30 107			84	4 City	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the abov	ve-named co	moration submits this statement for the ourpose of	f changing its	registered
office or n agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was autr jations of, Section 607.0505, Florid	norized by la Statute	y tne corpora s.	tion's board of directors. I hereby accept the appo	anunent as reg	jistered
SIGNATURE	·				ired when reinstating) DATE		
12.				ent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PTSD	DELETE	1.1 TITLE	7		☐ Change	Addition
NAME	HAHAMOVITCH, HARRY		1.2 NAME	:]			į
STREET ADDRESS	6353 W ROGERS CIRCLE,#1			ET ADDRESS			
CITY+ST-ZIP	DO0711710111 C 00107		1.4 CITY-	ST-ZIP		☐ Change	☐ Addition
TITLE	tr	☐ DELETE	2.1 TITLE 2.2 NAME			[_] Change	L.J Addition
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CITY-ST-ZIP)		2.4 CITY-	i i			Í
TITLE	1	☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STRE	ET ADDRESS)
CITY-ST-ZIP	·	☐ DELETE	3.4. CITY-			Change	☐ Addition
TITLE		□ DECE IE	4.1 TITLE 4. 2 NAME			C] Griange	
NAME STREET ADDRESS			1	ET ADDRESS		-	
CITY-ST-ZIP			4.4 CITY-				
TITLE		☐ DELETÉ	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME	1			İ
STREET ADDRESS			1	ET ADDRESS			
CITY-ST-ZIP	<u> </u>	☐ DELETE	5.4 CITY- 6.1 TITLE			Change	Addition
(11144 - 1			4	l			- 1

14. I hereby certify that the information supplied with his hilling flees 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 shrinkal get of the courage 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 rocewise or furtief 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 all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99

561-994-2233

Daytime Phone i

THE RESERVE TO SERVE THE PROPERTY OF THE PROPE