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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

Principal Place of Business

TITELBAUM ENTERPRISES, INC.

10117 W. OAKLAND PARK BLVD. SUITE 377 SUNRISE FL 33351 US		10117 W. OAKLAND PARK BLVD. SUITE 377 SUNRISE FL 33351 US			1	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/02/1992									
2. Principal Pl	lace of Business	2a, Mailing Add	dress		_ -		FEI Nun			-			Appl	lied For	
21		26					65-030	1813					Not	Applicable	
Suite, Apt.	#. etc	 _	#, etc.						B]	\$8.	75 Ad	Iditional	
22		27				5.	Certifcat	e or Sta	tus Desire	30 ∟	,	Fe	e Req	uired	
City & State	e	City & State	e			6.	Election	Campa	ign Finani	cing _		\$5	.00 M	lay Be	
23		28					Trust Fu	nd Cont	tribution			Ad	ded to	Fees	
Zip	Country	Zip	Co	ountry		8.	This con	poration	owes the	current	year Intai	gible			
24	25	29	30	_			Persona	l Proper	ty Tax.			Yes	<u>ا</u>	□No	
	9. Name and Address of Curre	ent Registered Agent	ł			10.	Name a	nd Add	ress of N	lew Regi	stered A	gent			
				81	Name									{	
teitelbaum, evan 10117 w. oakland park blvd.						Address (P	dress (P.O. Box Number is Not Acceptable)								
	E 377			83											
SUN	RISE FL 33351											T1	71- 0		
				84	City						FL	85	Zip Co	oae	
agent. I a	to the provisions of sections 607.05 registered agent, or both, in the State in familiar with, and accept the obliging	ations of, Section 607	7.0505, Florida Sta	atutes.											
SIGNATURE	Signature, typed or printed name of registered ag		(NOTE: Registere		t signature r						DATE				
SIGNATURE	OFFICERS A	ND DIRECTORS	13.	3.	t signature r		einstating) ADDITIOI	NS/CHA	NGES TO		RS AND				
	OFFICERS A	ND DIRECTORS	13.		t signature r		ADDITIO			OFFICI	RS AND	DIRI Ch		S IN 12	
12.	D TITELBAUM, EVAN S	ND DIRECTORS	13. DELETE 1.1 T	3.	t signature r		ADDITIO			OFFICI	RS AND				
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CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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

04-14-1999 90097 024 ***150.00