May 04, 1999 8:00 am Secretary of State

05-04-1999 90113 007 ***150.00

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PROFIT CORPORATION . ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V39680

1. Corporation		ー utcoto	. D. A				Į					
SILVERS	TONE BAKALCHUK ARCH	IIIEUIS	o, P.A.					1 1 0 mar 0210 00 21110 10210 02101 2011 0		# ### ###	II 3 1811 1 33 1	
	,											
Principal Place of Business Mailing Address							-	i i to ii s iiese (nite iexio olioi ioli) e	III BIBII QIBII BIBII B		() BIBII (BB)	
9180 EMERSON AVE 9180 EMERSON AVE												
SURFSIDE FL 33154 SURFSIDE FL 33154								DO MOTIVE IN THE SELECT				
US US								DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
							1 -	05/29/1992				
2 Principal Pl	lace of Business		Mailing Address					FEI Number	· ·	Appl	ied For	
21		26	, , , , , , , , , , , , , , , , , , ,					65-0330059	.		Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					Certificate of Status Desired			ditional	
22	w	. 27					J.	Certificate of Status Desired	J Fee	Req	uired	
City & State	е .		City & State	-		~	6.	Election Campaign Financing			lay Be	
23		28						Trust Fund Contribution		ed to	rees	
Zip	<u> </u>			30	Country			This corporation owes the current Personal Property Tax.	year Intangible ☐ Yes	Ħ	No.	
24	9. Name and Address of Curr		tered Agent	30			10.	Name and Address of New Reg				
	5. Halife and Addition of Gali				81	Name						
	ALCHUK, PHILLIP				82	Street Add	trace (D	P.O. Box Number is Not Acceptable	`			
9180 EMERSON AVE.					"	Sileet Aut	ness (i	.O. Box Number is Not Acceptable	'			
SURFSIDE FL 33159				[83						Ì	
					84	City	_		85	Zip Co	ode	
_						'			$PL \mid \ \ $	·		
11. Pursuant	to the provisions of Sections 607.0 egistered agent, or both, in the Star	502 and 60 te of Florid	07.1508, Florida Statut la. Such change was a	es, the at uthorized	by 1	e-named cor the corporat	poration ion's bo	n submits this statement for the pur pard of directors. I hereby accept th	pose of changing e appointment a	g its re is regi	egistered stered	
agent. I a	m familiar with, and accept the obli	gations of,	Section 607.0505, Flo	rida Statı	ites.		-					
SIGNATURE	Signature, typed or printed name of registered a		f analisable /NOTE	- Decistered	Acan	nt signature requi	red when n	reinstating)	DATE		\	
12.	OFFICERS			13.	ngen	it aigrinture requi		ADDITIONS/CHANGES TO OFFIC		CTOR	S IN 12	
TITLE	D DELETE			_	1.1 TITLE				· [] Chai	nge	☐ Addition	
NAME	SILVERSTONE, LEE			1.2 NA	ME							
STREET ADDRESS	9180 EMERSON AVE			1.3 \$T	1.3 STREET ADDRESS							
CITY-ST-ZIP	SURFSIDE FL			1.4 CF	1.4 CITY-ST-ZIP							
TITLE	D □ DELETE			2.1 TIT	2.1 TITLE				Chai	nge	☐ Addition	
NAME	BAKALCHUK, PHILLIP				2.2 NAME							
STREET ADDRESS	9180 EMERSON AVE			- 8	2.3 STREET ADDRESS			•			1	
CiTY-ST-ZiP	SURFSIDE FL				2. 4 CITY-ST-ZIP 3.1 TITLE				- Cha		- Addition	
TITLE	T) DELETE				3.1 INCE 3.2 NAME			•	- 00/46/	ngo.	- Dradical	
NAME						T ADDRESS						
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CITY-ST-ZIP TITLE			☐ DELETE	4.1 TII		91-ZIP			☐ Cha	nge	Addition	
NAME	\$37% 16%		<u> </u>	4.2 N		Į				-	1	
STREET ADDRESS	with the mission with			1		TADDRESS						
CITY-ST-ZIP				4.4 CF		1		· ·				
TITLE			☐ DELETE	51 TI					☐ Cha	nge	Addition	
NAME				5.2 NA	ME						,	
STREET ADDRESS				5.3 ST	REET	TADDRESS					l	
CITY-ST-ZIP				5.4 CF		T-ZIP						
TITLE			☐ DELETE	6.1 TIT					☐ Cha	nge	☐ Addition	
NAME				6.2 NA	MΕ	Ì					ŀ	

CITY-ST-ZIP 14. I hereby 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 of suppliemental applied 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 of 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 adachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CTTY-ST-ZIP

SIGNATURE:

STREET ADDRESS