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

PROFIT



FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT 1999		Katherine Harris Secretary of State DIVISION OF CORPORATIONS	Secretary of State
DOCUMENT # V			01-22-1999 90005 028 *****150.00
FISCHER & MINSKI, P.A.			
D 1 1 1 D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Mai	lina Addrosa	1

FILED 1000 8.00am



Principal Place	of Business	Mailing Addi	ress						
4651 SHERIDAN ST		4651 SHERIDAN ST							
SUITE 325 HOLLYWOOD FL 33021			SUITE 325			DO NOT WRITE IN THIS SPACE			
		HOLLYWOOD US	FL 33021			3. Date Incorporated or Qualifed	J OI AOL		
US		US			_	07/27/1992			
2. Principal Pla	ace of Business	2a. Mailing A	Address			4. FEI Number	Δ	Applied For	
21		26				65-0378207		lot Applicable	
Suite, Apt.	#, etc.	Suite, Ap	ot. #, etc.			5. Certificate of Status Desired	T	Additional Required	
22 City & State		27 City & S	tate			6. Election Campaign Financing	\$5.00	May Be	
City & State	•	— ·				Trust Fund Contribution	+	to Fees	
23	Country	Zip		Country		This corporation owes the current year Ir			
Zip	_ `	⊢	30	n .		Personal Property Tax.	Yes	□No	
24	9. Name and Address of Curren	29				10. Name and Address of New Registered			
·	9. Name and Address of Curren	r registered Ag	5110	81	Name	10.			
FISC	HER, REBECCA H.								
4651	SHERIDAN ST				Street Add	Address (P.O. Box Number is Not Acceptable)			
	E 325 LYWOOD FL 33021								
				84	City	FI	ᆸᆝᆝ	Code '	
office or re agent. I ar	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligat	of Florida Such (change was autho	orized by	tne corporat	poration submits this statement for the purpose c ion's board of directors. I hereby accept the appo	if changing ii sintment as i	ts registered registered	
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable.	(NOTE: Reg	gistered Agen	t signature requir	red when reinstating) DATE			
12.		D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	
TITLE	SD		DELETE	1.1 TITLE			Change	e ☐ Addition	
NAME	MINSKI, GEORGE A.			1.2 NAME					
STREET ADDRESS	4651 SHERIDAN ST SUITE 325	;		1.3 STREET	ADDRESS			{	
i	HOLLYWOOD FL 33021	•		1.4 CITY-S					
CITY-ST-ZIP	P		DELETE	2.1 TITLE			☐ Change	e 🔲 Addition	
l {	•	'	DEC4	2.2 NAME					
NAME	FISCHER, R H				*********		•		
STREET ADDRESS	4651 SHERIDAN ST, STE 325			2.3 STREET	1				
CITY-ST-ZIP	HOLLYWOOD FL 33021		CT DELETE	2. 4 CITY-5	T-ZIP		Change	e	
TITLE			DELETE	3.1 TITLE				, ,	
NAME .				3.2 NAME					
STREET ADDRESS				3.3 STREE	AODRESS				
CITY-ST-ZIP.				3.4. CITY-S	T-ZIP			· · · · · · · · · · · · · · · · · · ·	
TITLE			☐ DELETE	4.1 TITLE			☐ Change	e 🔲 Addition	
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREE	T ADDRESS			ļ	
CITY-ST-ZIP				4.4 CITY-S	T-ZIP]	
TITLE			☐ DELETE	5.1 TITLE		·-	Change	e 🔲 Addition	
NAME				5.2 NAME		•			
STREET ADDRESS				5.3 STREE	T ADDRESS	•		Í	
1				5.4 CITY-S	T- ZIP				
CITY-ST-ZIP			☐ DELETE	6.1 TITLE			Chang	e 🗌 Addition	
TITLE				6.2 NAME	Ì		-)	
NAME	· .				T ADDRESS			ļ	
STREET ADDRESS								ļ	
CITY-ST-ZIP	1.3			6.4 CITY-S	I-ZP				

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 or an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #

Date

CR2E034 (11/98)