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

PROFIT -CORPORATION ANNUAL REPORT

1999

DOCUMENT # 1. Corporation Name



Secretary of State DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90174 049 ***150.00 FLORIDA DEPARTMENT OF STATE **Katherine Harris**

ALPERI	SHUE CURPURATION				İ			
Principal Place	of Business	Mailing Address			-	t their mit mit mille feite sie in tie esti essi	14 6 1 6 1 7 1 1 1 1	1811 B) B) 1 W W 1 W 1
422 WARREN LANE KEY BISCAYNE FL 33149		422 Warren Lane Key Biscayne FL 33149			DO NOT WIDITE IN THE	IC CDACE		
US		US				DO NOT WRITE IN THIS SPACE		
	•					3. Date Incorporated or Qualifed 08/21/1992		J
3 Deinsing D	and of Business	2a. Mailing Address				4. FEI Number	17	Applied For
2. Principal Place of Business		 γ	26			65-0355504	H	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75 Additional	
22		27				5. Certificate of Status Desired	Fee	Required
City & State	e ,,,	City & State				6. Election Campaign Financing	\$5.0	00 May Be
23	•	28				Trust Fund Contribution	Add	ed to Fees
Zip	Country	Zip	Country	/		8. This corporation owes the current year l		
24	25		30			Personal Property Tax.	Yes	□No
	9. Name and Address of Cur	rent Registered Agent	81	Name		10. Name and Address of New Registere	a Agent	
AI DI	ERT, MARC		*'	Name	3			
	WARREN LANE		82	Stree	t Addres	ss (P.O. Box Number is Not Acceptable)	,	
	BISCAYNE FL 33149	•	83	<u> </u>				
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DIOC/TITLE 1 L GOTTO		03	<u>'</u>		<u> </u>		
	,		84	City		F	85 2	Zip Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statute	es, the abov	e-name the cor	d corpor	ration submits this statement for the purpose of board of directors. I hereby accept the app	of changing ointment a	its registered s registered
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the obling Signature, typed or printed name of registered	ligations of, Section 607.0505, Flor	nda Statutes	s.		ration submits this statement for the purpose of submits the statement for the purpose of submits the		
agent. i a	m familiar with, and accept the obling signature, typed or printed name of registered	agent and title if applicable. (NOTE: AND DIRECTORS	nda Statutes	s.			AND DIREC	CTORS IN 12
agent. I a SIGNATURE	m familiar with, and accept the oblining signature, typed or printed name of registered OFFICERS	agent and title if applicable. (NOTE:	Registered Age	s.		when reinstating) DATE		CTORS IN 12
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered OFFICERS D ALPERT MARC	agent and title if applicable. (NOTE: AND DIRECTORS	Registered Agei 13. 1.3 TITLE 1.2 NAME	nt signatur	e required w	when reinstating) DATE	AND DIREC	CTORS IN 12
agent. I a SIGNATURE 12. TITLE	Signature, typed or printed name of registered OFFICERS D ALPERT MARC 422 WARREN LANE	agent and title if applicable. (NOTE: AND DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signatur	e required w	when reinstating) DATE	AND DIREC	CTORS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS D ALPERT MARC	agent and title if applicable. (NOTE: AND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	nt signatur	e required w	when reinstating) DATE	AND DIREC	CTORS IN 12 ge
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered OFFICERS D ALPERT MARC 422 WARREN LANE	agent and title if applicable. (NOTE: AND DIRECTORS	Registered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE	nt signatur TADDRES	e required w	when reinstating) DATE	AND DIREC	CTORS IN 12 ge Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered OFFICERS D ALPERT MARC 422 WARREN LANE	agent and title if applicable. (NOTE: AND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	nt signatun T ADDRES	e required w	when reinstating) DATE	AND DIREC	CTORS IN 12 ge Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS D ALPERT MARC 422 WARREN LANE	agent and title if applicable. (NOTE: AND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	et Addres	e required w	when reinstating) DATE	AND DIREC	CTORS IN 12 ge Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS D ALPERT MARC 422 WARREN LANE	agent and title if applicable (NOTE: AND DIRECTORS DELETE	Registered Agei 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S	et Addres	e required w	when reinstating) DATE	AND DIREC	DTORS IN 12 ge Addition . ge Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered OFFICERS D ALPERT MARC 422 WARREN LANE	agent and title if applicable. (NOTE: AND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	nt signatur T ADDRES T-ZIP T ADDRES ST-ZIP	e required w	when reinstating) DATE	AND DIREC	CTORS IN 12 ge Addition ge Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or printed name of registered OFFICERS D ALPERT MARC 422 WARREN LANE	agent and title if applicable (NOTE: AND DIRECTORS DELETE	13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-1 3.1 TITLE	nt signatur T ADDRES ST-ZIP ET ADDRES ST-ZIP	s required w	when reinstating) DATE	AND DIREC	CTORS IN 12 ge Addition ge Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS D ALPERT MARC 422 WARREN LANE	agent and title if applicable (NOTE: AND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME	nt signatur ET ADDRES ST-ZIP ET ADDRES	s required w	when reinstating) DATE	AND DIREC	DTORS IN 12 ge Addition ge Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or printed name of registered OFFICERS D ALPERT MARC 422 WARREN LANE	agent and title if applicable (NOTE: AND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-5 3.1 TITLE 3.2 NAME 3.3 STREE	nt signatur ET ADDRES ST-ZIP ET ADDRES	s required w	when reinstating) DATE	AND DIREC	ctors IN 12 ge
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTROL OF THE C	Signature, typed or printed name of registered OFFICERS D ALPERT MARC 422 WARREN LANE	agent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S	nt signatur T ADDRES ST-ZIP T ADDRES ST-ZIP	s required w	when reinstating) DATE	AND DIREC	ctors IN 12 ge
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered OFFICERS D ALPERT MARC 422 WARREN LANE KEY BISCAYNE FL 33149	agent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE	Registered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME	nt signatur T ADDRES ST-ZIP T ADDRES ST-ZIP	s s	when reinstating) DATE	AND DIREC	ctors IN 12 ge
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered OFFICERS D ALPERT MARC 422 WARREN LANE KEY BISCAYNE FL 33149	agent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE	Registered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME	et address	s s	when reinstating) DATE	AND DIREC	ctors IN 12 ge
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS D ALPERT MARC 422 WARREN LANE KEY BISCAYNE FL 33149	agent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE	Registered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE	T ADDRES ST-ZIP	s s	when reinstating) DATE	AND DIREC	ctors IN 12 ge
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS D ALPERT MARC 422 WARREN LANE KEY BISCAYNE FL 33149	agent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE	Registered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.2 NAME 4.3 STREE 5.1 TITLE 5.2 NAME 5.1 TITLE 5.2 NAME	et addres st-zip	s s	when reinstating) DATE	AND DIREC	ctors IN 12 ge
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered OFFICERS D ALPERT MARC 422 WARREN LANE KEY BISCAYNE FL 33149	agent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE	Registered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.2 NAME 4.3 STREE 5.1 TITLE 5.2 NAME 5.3 STREE	T ADDRES	s s	when reinstating) DATE	AND DIREC	ctors IN 12 ge
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS D ALPERT MARC 422 WARREN LANE KEY BISCAYNE FL 33149	agent and title if applicable (NOTE: AND DIRECTORS DELETE DELETE DELETE	Registered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S	T ADDRES	s s	when reinstating) DATE	AND DIREC	DTORS IN 12 ge
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered OFFICERS D ALPERT MARC 422 WARREN LANE KEY BISCAYNE FL 33149	agent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE	Registered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE	ET ADDRES ST-ZIP	s s	when reinstating) DATE	AND DIREC	pe Addition ge Addition ge Addition ge Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS D ALPERT MARC 422 WARREN LANE KEY BISCAYNE FL 33149	agent and title if applicable (NOTE: AND DIRECTORS DELETE DELETE DELETE	Registered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE 6.2 NAME	ET ADDRES ST-ZIP	s s	when reinstating) DATE	AND DIREC	DTORS IN 12 ge

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 open dischment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR