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

CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # V62781



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

PROFIT

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90037 031 ***150.00

WILLIAM	A. HELLER, P.A.										
Principal Place	e of Business	Mailing Address						B)1414 B)114 ()831 (300)	ISISI (121 SISII SI	#16 MINS MINS	itası dib il i dbi
2500 HOLLYWOOD BLVD 2500 HOLLYWOOD BLVD											
STE. 401 STE. 401											
HOLLYWOOD F	L 33020	HOLLYWOOD FL 33020				Į		DO NOT WR		SPACE	 1
US		US						porated or Qualifed	\$		
							09/10/19			1	
2. Principal Place of Business 2a. Mailing Address							4. FEI Numbe			<u> </u>	plied For
21		26					65-0354	761 - <u>-</u>	<u> </u>		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate of	of Status Desired		\$8.75	
22		27								Fee Re	-
City & Stat	e	City & State	City & State				-	ampaign Financing		\$5.00	
23		28						Contribution		Added t	o Fees
Zip	Country	Zip	_					ration owes the cu	rrent year into		□No
24	25		30					Property Tax. I Address of New	Domintoned	∐Yes	
	9. Name and Address of Curre	ent Registered Agent		81	B1 Name		10. Name and	Address of New	Registered /	-deur	
COL	IN, ALAN B.			•	Name						
2021 TYLER ST.				82	Street	Addres	s (P.O. Box Nu	mber is Not Accep	table)		_ }
	LYWOOD FL 33020							_			
TIOL			83								
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statu office or registered agent, or both, in the State of Florida. Such change was agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statu				84	City				FL	85 Zip (Code
										hanaisa ita	rogistored
office or r	egistered agent, or both, in the State	e of Fiorida. Such change was aut	inonzea	Dy tr	ne corpo	oration'	's board of direc	tors. I hereby acc	ept the appoir	itment as re	gistered
SIGNATURE	Signature, typed or printed name of registered ag	ANOTE: 5	Panistarad	Anant	eionatura r	onsired w	vhen reinstating)		DATE		\
12.		ND DIRECTORS	13.	-your	aignature /	oquireo H		CHANGES TO O		D DIRECTO	RS IN 12
TITLE	DP			1.1 TITLE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Change	☐ Addition
NAME	HELLER, WILLIAM A.		1			wii	iliam A	Heller.	•		
STREET ADDRESS	5101 CLEVELAND ST		1.3 STREET ADDRES		ADDRESS			Street			ľ
	HOLLYWOOD FL					. 1	Mywood.				
CITY-ST-ZIP	TIGELTWOOD TE T			1.4 CITY-ST-ZIP 1.2 1.1 TITLE		1,-	· · · · · · · · · · · · · · · · · · ·			Change	Addition
				2.2 NAME							
NAME					ADDRESS						1
STREET ADDRESS											1
CITY-ST-ZIP		DELETE -	2. 4 CIT		-212					- [-] Change =	Addition: -
nite -		<u> </u>	3.2 NA								_ [
NAME	\					1					{
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP		□ pciete	3.4. CF		- ZIP			_		☐ Change	Addition
TITLE		☐ DELETE	4.1 TIT								
NAME			4. 2 NA							*	1
STREET ADDRESS					ADDRESS						,
CITY-ST-ZIP		□ BELETE	4.4 CIT		ZIP					Change	Addition
TITLE		☐ DELETE	5.1 TIT								
NAME	}		5.2 NA								
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			5.4 CIT		ZIP			.			
TITLE	İ	☐ DELETE	6.1 TIT							Change	Addition
NAME			6.2 NA								
STREET ADDRESS	1		6.3 STI	REET	ADDRESS]				•	
I	1					1					

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.

SIGNATURE: