## FILE NOW: FILING FEE AFTER MAY 1ST 15 \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Kathe ine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # V63615

## **FILED** Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90202 045 \*\*\*150.00

W. COMMERCIAL BLVD. #207 AUDERDALE FL 33309		Mailing Address			}	1994 Bitale atte atte atter com			
#207 AUDERDALE FL 33309		Mailing Address				( lette every every			
W. COMMERCIAL BLVD. #207 AUDERDALE FL 33309		Mailing Address							
W. COMMEHCIAL BLVD. #207 AUDERDALE FL 33309 Principal Place of Business		ncipal Piace of Business 3600 W. COMMERCIAL BLVD					DO NOT WRITE IN THIS SPACE		
AUDERDALE FL 33309	ET LAUDERUALE PL 33000					3. Date Incorporated or Qualified			
_		US				09/08/1992		Apr lied For	
Principal Place of Business						4. FEI Ni mber	-	Not Applicable	
Principal Place of Business		2a. Mailing Address				65-0356191	\$8.	75 Additional	
		26				5. Certificate of Status Desired	F	ee Required	
Suite, Axt. #, etc.		Suite, Apt. #, etc.					\$5	.00 May Be	
Suite, A.M. #, etc.		City & State				Election Campaign Financing     Trust Fund Contribution		dded to Fees	
City & State		20				- I was the current year mangione			
		Zip Country							
Zip	Cour try	29	30			10. Name and Address of New Registere	a Agen		
	nd Address of Current	Registered Agent		81	Name -				
9. Name a	a Addiesa of Carrett	<u></u>				ress (P.O. Box Number is Not Acceptable)			
MAMO, LOUIS				82	Street At d	1622 (1.10. 00.			
3600 W. COMME	RCIAL BLVD.			83				Zip Code	
				1 1					
	E FL 33309	•		84	City			nging its registered	
11.0.			- Ctatutes th	e abov	e-named cc	rporation submits this statement to accept the a	pt ointme	ent as registerou	
	ons of Sections 607.050	2 and 607,1508, Florida	e was author	ized by	the corpora	BOU & DOUG OF CHIEFFE			
Pursuant to the provision office or registered agr	ons of Sections 607,050 ont, or both, in the State th, and accept the obliga	tions of, Section 607.05	505, Florida S	Statutes	5.	rporation submi s this statement for the purposition's board of (lirectors. I hereby accept the a			
agone			NOT : Regis	stered Age	ent signature requ	ired when reinstating) ADDITIC NS/CHANGES TO OFFICER	S AND E	NRECTORS IN 12	
SIGNATURE broad	or printed na ne of registered age	nt and title if applicable.	(101 :: 11031	13.		ADDITIONS/CHANGES 13		] Change	
12.	OFFICERS A	N() DIRECTORS ☐ DE	LETE	1.1 TITLE	-				
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NAME				10	EET ADDRESS			☐ Change ☐ A	
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NAME								☐ Change ☐	
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CITY-ST-ZIP			DELETE	4.2 N		\			
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NAME					TY-ST-ZIP			☐ Change ☐	
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TITLE				5.33	STREET ADDRES	ss			
NAME				5.4	CITY-ST-ZIP			Change E	
STREET ADDRE 3S			DELETE	6.1	TITLE				
CITY-ST-ZIP					NAME				
TITLE				6.3	STREET ADDRE	SS			
NAME CTREET ADDRE IS				6.4	CITY-ST-ZIP	ated if Section 119.07(3)(i). Florida Statutes. I signature shall have the same legal effect as if as recuired by Chapter 607, Florida Statutes; ered.	further c	ertify that the infor der oath; that I am	
SIKEEI MUUNE ~		Bod with this filling does	not qualify fo	r the e	xemption sta	ated if Security to the same legal effect as if signature shall have the same legal effect as if	and that	my name appeεrs	
14. I hereb / certify t	nat the information supplement or supplement	mental annual report is	true and acc	execut	e this report	as recuired by Chapter doc,			

SIGNATURE: