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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000093805

363 Atlantic Bludize

9. Name and Address of Current Registered Agent

1000 ASSOCIATES, INC.

Principal Place of Business

1032 EAST ATLANTIC AVENUE DELRAY BEACH FL 33483

2. Principal Place of Business

Suite #3

FERBER, PAUL S

1032 EAST ATLANTIC BLVD.

DELRAY BEACH FL 33483

Suite, Apt. #, etc.

City & State

22

23

Mailing Address

P.O. DRAWER 1929

2a. Mailing Address

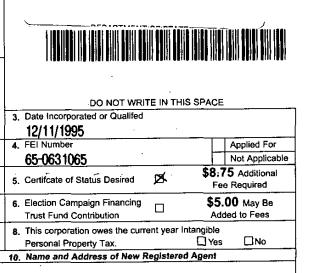
City & State

Suite, Apt. #, etc.

DELRAY BEACH FL 33447-1929

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90023 022 ***158.75



Street Address (P.O. Box Number is Not Acceptable)

363 Atlantic Blud

Zip Code ろるろう Atlantic 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

83

84

Country

30

CIONATURE					
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	tegistered Agent signature re	the state of the s		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D DELETE	1.1 TIFLE		🔀 Change	Addition,
NAME	FEBER, PAUL S	1.2 NAME	363 Atlantic Bloding	Str 2	-₽
STREET ADDRESS	1032 EAST ATLANTIC BLVD.	1.3 STREET ADDRESS	363 HAIRWAY 1210011	ر ب.ر محمد	
CITY-ST-ZIP	DELRAY BEACH FL 33483	1.4 CITY-ST-ZIP	Atlantic Beach, FL	322	<u> </u>
TITLE	D DELETE	2.1 TITLE	•	Change	Addition
NAME	FEBER, P. SHIELOS JR.	2.2 NAME			
STREET ADDRESS	194 MT. AIRY ROAD	2.3 STREET ADDRESS			
CITY-ST-ZIP	BASKING RIDGE NJ 07920	2.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE	☐ DELETE	3.1 TITLE		Change	Addition
NAME		3.2 NAME		•	1
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		34. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME		4. 2 NAME		-	
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME		5.2 NAME	у	•	j
STREET ADDRESS		5.3 STREET ADDRESS			į
CITY-ST-ZIP		5.4 CITY-ST-ZIP		<u>-</u>	
TITLE	☐ DELETE	6.1 TITLE	•	Change	☐ Addition
NAME		6.2 NAME	•		
STREET ADDRESS	\wedge	6.3 STREET ADDRESS			Ì
CITY-ST-ZIP	///	6.4 CITY-ST-ZIP			
14. I hereby certify that the information supplied with its filing does not quarry 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 including 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 regeneral 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 regeneral report is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attaching with an andress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR