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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # 566686



Secretary of State DIVISION OF CORPORATIONS

Mar 02, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris**

03-02-1999 90087 040 ***150.00

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Principal Place	e of Business	Mailing Address				I (MAINT MILIO REGIO A				11 SIVIL BIATI (85)
1700 N.W. 65 A	VENUE	1700 N.W. 65 AVENUE								
PLANTATION FL 33313 PLANTATION FL 33313						וחמ	OT WRIT	E IN THIS	SPACE	
						3. Date Incorporated or		0_		
						02/28/1978				ļ
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		 		Applied For
2.	acc of Egomod	26				59-1814832				Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					Nonired			Additional
2		27				5. Certifcate of Status I	esireu			Required
City & State	e	City & State				6. Election Campaign F	inancing			0 May Be
3		28				Trust Fund Contribut	ion	<u> </u>	Adde	d to Fees
Zip	Country	Zip	L	untry		8. This corporation owe		ent year Int	angible	□ Ne
4	25	29	30			Personal Property Ta		naint	Yes	□No
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address	of New R	egistered	Agent	····
6U⊓	MINT MARK I			"	(4aiile					
SCHMIDT, MARK L. 6020 S.W. 18TH ST.				82	Street Add	ess (P.O. Box Number is Not Acceptable)				
	NTATION FL 33317			83						
FLAI	AIVHOIA I F 20031			03						
				84	City			FL	85 Zi	p Code
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change wa	s authonze	a by t	ne corporati	ion's board of directors. I her	eby.accep	t the appoi	ntment as	registered
SIGNATURE				ioles.		red when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered ag			d Agent		ed when reinstating) ADDITIONS/CHANGE	S TO OFF		ID DIREC	TORS IN 12
-	Signature, typed or printed name of registered ag	gent and title if applicable. (N	OTE: Registere	d Agent			S TO OFF		ID DIREC	
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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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR