NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 736733

Corporation Name

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

02-27-1999 90069 010 \*\*\*\*61.25

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Principal Place of Business Mailing Address 9400 E. BAY HARBOR DRIVE 9400 E. BAY HARBOR DRIVE BAY HARBOR ISLANDS FL 33154  BAY HARBOR ISLANDS FL 33154																
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Zip	Country	<u> </u>	Zip	_ Cou	ntry		6.	Election C			cing _		\$5.0			
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	AY HARBOR DR				62	Sileet A	uui ess (r	,O. BOX 14	umber i	3 1101 710	Coptable)	·				
	BOR ISLAND FL 33154				83											
					84	City						<b>E</b> 1	85 Zi	p Code	9 .	
11. Pursuant office or reagent. I as	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	2 and 6 of Floric ions of,	17.1508, Florida Statute: la. Such change was au Section 617.0503, Flori	s, the al thorized da Statu	pove by tates.	he corpor	ation's bo	ard of dire	nis state ectors. I	hereby a	accept the	appoin	itment as	registe	ered	
	Signature, typed or printed name of registered agent	t and title i	Tapplicable / (NOTE: I	ے کی ۔ Registered	_(ં ∵	signature req	uired when r				• .~.?	/ ( /	<u> 77 -</u>	•	<del></del> ]	
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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99 305-531-9200