## 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 # F47351 1. Corporation Name

## **FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90007 044 \*\*\*150.00

Principal Place of Business Mailing Address P.O. BOX 6228 LAKE WORTH FL 33466-6228  LAKE WORTH FL 33466-6228	
Principal Place of Business         Mailing Address           P.O. BOX 6228         P.O. BOX 6228           LAKE WORTH FL 33466-6228         LAKE WORTH FL 33466-6228	
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LAKE WORTH FL 33466-6228 LAKE WORTH FL 33466-6228	
DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
10/05/1981	
	lied For
PO AF INC.	Applicable
Suite Ant # etc Suite Ant # etc\$8.75 Ac	
22 5. Certificate of Status Desired Fee Req	
City & State Comparing Eigenstance \$5.00 to	∕lav Be
23 Trust Fund Contribution Added to	
Zip Country Zip Country 8. This corporation owes the current year Intangible	,
24 25 29 30 Personal Property Tax.	<b>₹40</b> 0
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
81 Name	
MUSGROVE, CHARLES W 82 Street Address (P.O. Box Number is Not Acceptable)	
2328 S. CONGRESS AVE. STE 1-D  W. PALM BEACH FL 33406	
84 City 85 Zip Co	ode i
A4. Purpliant to the expressions of Sections 607 0502 and 607 1508. Florida Statutes, the above pamed corporation submits this statement for the purpose of changing its re-	egistered
	egistered
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 runoffice 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 reging agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE	egistered
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6.4 CITY-ST-ZIP CITY-ST-ZIP 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:** 

561-540-3670