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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G20146

1. Corporation Name

FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90042 001 ***158.75

2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2a. Mailing Address 2b. Mar. April Addres	Principal Plac	S CORPORATE PWY	Mailing Address 400 SAWGRASS CORPORATE SUNRISE FL 33325 US			DO NOT WRITE IN THI		
22. Melling Address 24. Melling Address 25. Melling Address 26. 27. 26. 27.								
Sulfa, Apt. #, etc.						01/19/1983		
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City & State	<u></u>			40		59-2253060		
Added to Fees Added to Fee	22 27					5. Certifcate of Status Desired		
Zip Country Zip Country Zip Country Zip Country State Country	-¬ · · · · · · · · · · · · · · · · · · ·						,	•
28 29 33 355 - 1540 30 BCA	23			FL				ed to Fees
9. Name and Address of Current Registered Agent STARRETT CYNTHIA 400 SAWGRASS CORP PKWY SUNRISE FL 33325 84 City FL 85 Zip Code 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 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, and milliar with, and accept the onliquition of, Section Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. OFFICERS AND DIRECTORS 15. NAME 16. PYLES ALAN 16. PYLES ALAN 17. STAPP 18. TYPE AGDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. NAME 10. SUMRISE FL 33325 10. SUMRISE FL 33325 11. TYPE AGDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. NAME 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. NAME 10. SUMRISE FL 33325 10.	<u> </u>	<u> </u>		, ,				ΓΊNο
STARRETT CYNTHIA 400 SAWGRASS CORP PKWY SUNRISE FL 33325 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 87 Zip Code 87 Zip Code 88 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 80 Zip Cod	24		- 	US	A —			
### Addition ### Ad		5. Name and Address of Curre	nt Registered Agent	81	Name		/ rgeni	
SURRISE FL 33325 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Stuttures, the above named corporation submits this statement for the purpose of changing its 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, and familiar with, and accept the oligidances of, Section 607 0505, Florida Stuttures. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. NAME 13. TITLE 12. PURES ALAN 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. NAME 14. TITLE 12. PURES ALAN 13. STREET ADDRESS 14. CITY ST. ZP 15. TITLE 16. THE OWN OFFICERS AND DIRECTORS IN 12. NAME 15. STREET ADDRESS 16. TITLE 16. TITLE 17. TITLE 18. TITLE 18. TITLE 18. TITLE 18. TITLE 18. TITLE 19. DELETE 19.	STARRETT CYNTHIA							
T1. 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 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 signature, with, and accept the obligations of, Section 607:0505, Floridal Statutes. SIGNATURE Signature, typed or printed name of impatend agent and tille if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INVERTIGATIONS OFFICERS AND DIRECTORS IN 12 12 NAME PYLES ALAN 400 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33325 UNINISE FL 33325 UNINISE FL 33325 UNINISE FL 33325 TITLE V OLK HOWARD 400 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33325 UNINISE FL 33325					Street	Address (P.O. Box Number is Not Acceptable)		
11. Pursuant to the provisions of Sections 607 050/2 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, to mit familiar with, and accept the obligations of, Sections 607 0505. Florida Statutes. SIGNATURE Signature, Typad or printed name of registered agent, to am familiar with, and accept the obligations of, Section 607 0505. Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PURPOSE ALAN 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY. ST. ZIP 15. TARRET ADDRESS 15. STREET ADDRESS 15. S	SUN	IRISE FL 33325		83				
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11. Pursuant to the provisions of Sections 607 (502 and 607 (508, Flonds 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 director's. I hereby accept the appointment as registered agent, in the minimization of the chilipshons of, Section 607 (305, Flonds Statutes). SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating). OATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PYLES ALAN 400 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33325 UNRISE FL 33325 TITLE VOULK HOWARD VOULK HOWARD STREETADORESS SUNRISE FL 33325 TITLE VOULK HOWARD STREETADORESS SUNRISE FL 33325 TITLE S ACTIV-ST-ZIP ACTIV-ST-ZIP ACTIV-ST-ZIP ACTIV-ST-ZIP SUNRISE FL 33325 TITLE S ACTIV-ST-ZIP SUNRISE FL 33325 TITLE S ACTIV-ST-ZIP ACTIV-ST-Z				84	City	FI	85 Z	ip Code
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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 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

Cynthia J. Starrett Secy/Treas 1/26/99 (954) 845-9100