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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## OCUMENT # H21558

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## Feb 09, 1999 8:00 am Secretary of State

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Р	incipal Place of Business	Mailing Address		<u> </u>	-	(B) 1(88) B)(B) Q(B) (B)	91911 91911 B1811 91	(815 8781) (40)
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OR	LANDO FL 32803	ORLANDO FL 32803			3. Date Incorporated		SOPACE	
	·	<u>.</u>		,	11/27/1984	or Qualified		
٠, أ	<u>`</u>	A Adrillian Address			4. FEI Number			plied For .
21	Principal Place of Business	2a. Mailing Address			59-2475339	**		t Applicable
21		26   Suite, Apt. #, etc.	<del></del>		39-24/3339	and the second of	\$8.75 A	
1/1	Suite, Apt. #, etc.	<u>⊢</u> ¬ ' '			5. Certifcate of State	ıs Desired-∏	Fee Re	
22		City & State			6. Election Campaig		\$5.00	•
	City & State	<u> </u>			Trust Fund Contri	1 43 3 1 1 1 1 1	Added to	
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-#	25	<u> </u>	10			y Tax		□No
21		29     3 s of Current Registered Agent	, , , , , , , , , , , , , , , , , , ,			ess of New Registered		
	5. Name and Addies.	o or our regions and regions	81	Name	j			-
	COCKS, ERIC H					- * * * * * * * * * * * * * * * * * * *	<u>, , , }, </u>	-
,	4100 GALT OCEAN DR		82	Street Addre	ess (P.O. Box Number i	s Not Acceptable)		
	#712		83		1. 1.		\$4.4 T	
ğq	FT LAUDERDALE FL 33308	<b>.</b>						\$
			84	City	.,.,	FI	85 Zip C	Code
0.	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	and COZ 0502 and COZ 1509 Elorida Statutes	the above	-named como	pration submits this state	ement for the nurpose of	f changing its	registered
	Unice of registered agent, or both, i	A the diale of Parida. Oddin change was det	thonzed by 1	the corporation	n s board of directors. I	nereby accept the appo	ointment as reç	gistered
	GNATURE Signature, typed or printed name of		Registered Agent		when reinstating)	DATE		
jS 1	GNATURE Signeture, typed or printed name of	registered agent and title if applicable. (NOTE: R	Registered Agent		when reinstating)		ND DIRECTO	RS IN 12
1.1	GNATURE Signature, Speed or printed name of OF	registered agent and title if applicable. (NOTE: R	13.		when reinstating)	DATE		
1.1	GNATURE Signature, typed or printed name of OFI	registered agent and title if applicable. (NOTE: R FICERS AND DIRECTORS	Registered Agent 13. 1.1 TITLE 1.2 NAME	t signature required	when reinstating)	DATE	ND DIRECTO	RS IN 12
O - E - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	GNATURE  Signature, typed or printed name of OFI  DE P  COCKS, ERIC H  SET ADDRESS 4100 GALT OCEAN I	registered agent and title if applicable. (NOTE: R FICERS AND DIRECTORS  DELETE  DR #712	13. 1.1 TITLE 1.2 NAME 1.3 STREET	t signature required	when reinstating)	DATE	ND DIRECTO	RS IN 12
O - E - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	GNATURE  Signature, typed or printed name of OFI  COCKS, ERIC H  4100 GALT OCEAN [ FT LAUDERDALE FL	registered agent and title if applicable. (NOTE: R FICERS AND DIRECTORS  DELETE  DR #712 33308	Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	t signature required	when reinstating)	DATE	ND DIRECTO	RS IN 12
O - E - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	GNATURE  Signature, typed or printed name of OFI  FOR COCKS, ERIC H  4100 GALT OCEAN [ FT LAUDERDALE FL  S	registered agent and title if applicable. (NOTE: R FICERS AND DIRECTORS  DELETE  DR #712	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	t signature required	when reinstating)	DATE	ND DIRECTO	RS IN 12
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Thereby 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 infificer 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.

3.3 STREET ADDRESS 6.4 CITY-ST-ZIP

**IGNATURE:** 

GT-ZIP