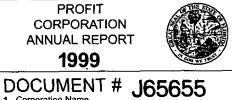
PROFIT CORPORATION ANNUAL REPORT

1999

SANTINI & COMPANY, P.A.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90090 031 ***150.00

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Principal Plac	e of Business	Mailing Ac	ddress		_		I 1881)10 alte elitet Bille eller alter alter atter eren eten eren eten enen eten enen	
1776 N PINE I	S. RD	1776 N. PII	NE ISLAND RD.			•		
#314		#314					DO NOT WRITE IN THIS SPACE	
PLANTATION F	FL 33322		N FL 33322					
US		US					3. Date Incorporated or Qualifed 04/06/1987	
2. Principal P	Place of Business	2a. Mailing	Address			_	4. FEI Number Applied Fo	or
21		26					59-2782280 Not Applic	able
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.	_			5. Certificate of Status Desired \$8.75 Addition Fee Required	al
City & Stat	ta	City &	State			_	6. Election Campaign Financing \$5.00 May Be	
	16	28	0.0.0				Trust Fund Contribution Added to Fees	
Zip	Country	Zip		Coun	try		8. This corporation owes the current year Intangible	
<u> </u>	25	29	[-	30	•		Personal Property Tax. Yes No	
24	9. Name and Address of Curi			<u> </u>			10. Name and Address of New Registered Agent	
<u> </u>					81	Name		
SAN	itini, roland L.			Ļ		-	(D.O. Davidson in Allet Accordate)	
	3 SW 26 PL				82	Street Ac	ddress (P.O. Box Number is Not Acceptable)	
DAV	/IE FL 33328			1	83			
	•				84	City	FL 85 Zip Code	
agent. I a	am familiar with, and accept the obl	igations of, Section	n 607.0505, Flon	da Statui	tes.		ration's board of directors. I hereby accept the appointment as registered	_
12.		AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
TITLE	PD	<u>— in. a. —</u>	☐ DELETE	1.1 TITL	.E		☐ Change ☐ A	ddition
NAME	SANTINI, ROLAND			1.2 NAN	ИΕ			
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CITY-ST-ZIP	DAVIE FL			1.4 Cm	Y-ST	- ZIP		
TITLE			☐ DELETE	2.1 TITL	E		☐ Change ☐ A	ddition
NAME				2.2 NAN	ИΕ	i	•	
STREET ADDRESS	3			2.3 STR	EET	ADDRESS		
-CITY-ST-ZIP				2. 4 CIT	Y-S1	T-ZIP	<u> </u>	
TITLE			☐ DELETE	3.1 TITL	.E		· Change A	ddition
NAME	}			3.2 NAM	ME	- {		
STREET ADDRESS	3	•		3.3 STF	REET	ADDRESS		
CITY-ST-ZIP				3.4. CIT		F-ZIP	☐ Change ☐ A	Addition
TITLE			☐ DELETE	4.1 TITL			Change D	MAINOTI
NAME				4. 2 NA				
STREET ADDRESS	i					ADDRESS	•	
CITY-ST-ZIP				4.4 CIT		-ZIP	☐ Change ☐ A	ddition
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NAME				5.2 NAM		ADDDESS		
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP				5.4 CIT 6.1 TITL		-ZIP	□Chesse □A	ddition
TITLE			☐ DELETE	0.7 1111	LE.	1	☐ Change ☐ A	AUDUTI
NAME				0.0 1144		l l		1
IVVIIC				6.2 NA		ADDRESS		

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 optrustee 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 a patiachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: