PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M18656

1. Corporation Name

Principal Place of Business	Mailing Address				
7014 SAN SEBASTIAN CIRCLE BOCA RATON FL 33433 US	7014 SAN SEBASTIAN CIRCLE BOCA RATON FL 33433 US				
2. Principal Place of Business	2a. Mailing Address				
21	26				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				

Mar 03, 1999 8:00 am Secretary of State

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7014 SAN SEBASTIAN CIRCLE	7014 SAN SEBASTIAN	N CIRCLE							
BOCA RATON FL 33433 BOCA RATON FL 33433									
US US							E IN THIS	SPACE_	
					3. Date Incorporated or	Qualified	,		
2. Principal Place of Business	2a. Mailing Address				07/29/1985 4. FEI Number		 -		Applied For
<u> </u>	26 Vialing Address				59-2580792				Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc	<u> </u>							Additional
22	27				5. Certificate of Status De	esired	. 🗆	-	Required .
City & State	City & State				6. Election Campaign Fi	nancing		\$5.0	0 May Be
23	28				Trust Fund Contribution	on		Adde	d to Fees
Zip Country	Zip	Cour	ntry		8. This corporation owes		ent year Inta		W .
24 25	29	30			Personal Property Tax			Yes	No
9. Name and Address	of Current Registered Agent		81 N		10. Name and Address	of New R	egistered /	Agent	<u> </u>
STEARNS, WALTER ALLEN			61 N	lame					
7014 SAN SEBASTIAN CIRC			82 S	treet Addres	ss (P.O. Box Number is No	t Accepta	ble)		
BOCA RATON FL 33433			83						
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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: Z GOFFICER OR DIRECTOR

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