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

FILED Feb 20, 1999 8:00 am **Secretary of State**

02-20-1999 90135 042 ***150.00

Principal Place of Business	Mailing Address				
818 FLORIDA BLVD PALM BEACH GARDENS FL 33410 US	3818 FLORIDA BLVD PALM BEACH GARDENS FL 33410 US				
<u></u>	2a. Mailing Address				
1	2a. Mailing Address 26 Suite, Apt. #, etc.				
Suite, Apt. #, etc.	26				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
	26 Suite, Apt. #, etc.				

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Applied For

\$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

Yes

Not Applicable

□No

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

04/10/1996

65-0668899

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

Personal Property Tax.

4. FEI Number

Name and Address of Current Registered Agent					10. Name and Address of New Regist	o, ou rig						
			81	Name	•							
RICH	ARDS, DONALD G		82	Street	Address (P.O. Box Number is Not Acceptable)		_		· · · · · · · · · · · · · · · · · · ·			
3818 FLORIDA BLVD			83	L								
LAKE PARK FL 33410												
			84	City			85 Zi	p Cod	е			
	_		1	' '		FL	anging	ite ren	istered			
	to the provisions of Sections 607.0502 and 607.1508,				d corporation submits this statement for the purpoporation's board of directors. I hereby accept the	appointn	nent as	regist	ered			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement to the purpose of changing to beginning the state of florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												
CICALATURE					no.	ATE						
GIONATORE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Reg		nt signature	a required when reinstating) ADDITIONS/CHANGES TO OFFICE		DIREC	TORS	IN 12			
12.	OFFICERS AND DIRECTORS	DELETE	13.		ADDITIONS/CITATOES TO OTTISE		Chang		Addition			
TITLE	PSTD PSG	L. DECETE	1.2 NAME									
NAME	RICHARDS, DONALD G	1			٥							
STREET ADDRESS	3818 FLORIDA BLVD	Ì		ET ADDRES!								
CITY-ST-ZIP	LAKE PARK FL 33410	DELETE	1.4 CITY-1	SI-ZIP			Chan	ge	☐ Addition			
TITLE		C Derete										
NAME			2.2 NAME									
STREET ADDRESS				ET ADDRES	0							
-CITY-ST-ZIP		DELETE	2.4 CITY-				Chan	ge	Addition			
TITLE		L_ DELETE	3.3 IIILE 3.2 NAME				•					
NAME												
STREET ADDRESS			1	ET ADDRES	8							
CITY-ST-ZIP		☐ DELETE	3.4 CITY- 4.1 TITLE		 		☐ Chan	ge	☐ Addition			
TITLE		- DELETE	4.1 HILE									
NAME			i .	= ET ADDRES								
STREET ADDRESS					33							
CITY-ST-ZIP		DELETE	4.4 CITY- 5.1 TITLE			•	Chan	ige	Addition			
TITLÉ		C DEFE IE	5.1 HILE 5.2 NAME									
NAME				ET ADDRES	25							
STREET ADDRESS			5.4 CITY-									
CITY-ST-ZIP		□ DELETE	6.1 TITLE				☐ Char	ige	Addition			
TITLE			6.2 NAME									
NAME				ET ADDRES	28							
STREET ADDRESS	;		0.3 3 IRE	~	~							

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.

2 8 9 9 56 - 626 - 6644 Date Daytime Phone #