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 Jan 29, 1999 8:00am **Secretary of State**

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DOCUI	MENT # P970000	020028			01-25-155	7 70031 016 130.	,0	
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Principal Place	e of Business	Mailing Address			1 10011001 110 101	ii lugii ugiii galii galii ugiil gal		
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FORT LAUDERDALE FL 33301		FORT LAUDERDALE FL 3330	01		·	O NOT WRITE IN TH	IS SPACE	
			-		3. Date Incorporated			
	· ·				03/04/1997			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		<u> </u>	plied For
21		26			65-0754445			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Statu	s Desired	\$8.75 / Fee Re	
City & Stat		City & State			6. Election Campaign	- Financing		May Be
23		28			Trust Fund Contri	- 11	Added	•
Zip	Country	Zip .	Country			wes the current year I	ntangible	
24	25	29	30		Personal Property		☐ Yes	□No
	9. Name and Address of Current	Registered Agent	94	Nama	10. Name and Addre	ss of New Registere	d Agent	
COB	PORATION SERVICE COMPANY		81	Name				10.00
1201	HAYS STREET		82	Street Add	ress (P.O. Box Number is	Not Acceptable)		
	AHASSEE FL 32301-2525		83		1 40 15 5		i Palita d	113 2 121
							3 4 28 × 32	
1			84	City			" 85 Zip i	Code
· ·	to a series			1 ,	1	F	∟ ' '	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above	a named core	poration submits this state	ment for the purpose	of changing its	registered
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o im familiar with, and accept the obligati	and 607.1508, Florida Statute of Florida. Such change was au ons of, Section 607.0505, Flori	es, the above ithorized by ida Statutes	a-named corp	poration submits this state on's board of directors. I	ment for the purpose hereby accept the app	of changing its ointment as re	registered gistered
11. Pursuant office or r agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Flori	ida Statutes.	e-named corp the corporation			of changing its ointment as re	registered gistered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Flori and title if applicable. (NOTE:	ida Statutes.	e-named corp the corporation	ad when reinstating):	DATE		
agent. I a SIGNATURE	m familiar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS AND	ons of, Section 607.0505, Flori and title if applicable. (NOTE:	ida Statutes.	e-named corp the corporation	ad when reinstating) ADDITIONS/CHAN			
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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 suppliemental 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.