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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # **P97000066163**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90054 029 ***158.75

DRMS, IN	NC.							
Principal Place	e of Business	Ma	iling Address					
1326 GINGER CIR. 1326 GINGER CIR.						•		
WESTON FL 33326 WESTON FL 33326						DO NOT WRITE IN THIS	27400	
						DO NOT WRITE IN THIS S	SPACE	
						3. Date Incorporated or Qualifed 07/24/1997	-	
2. Principal Pla	lace of Business	2a.	Mailing Address	-		4. FEI Number	Ar	oplied For
21		26				65-0773275	No	ot Applicable
Suite, Apt. #	#, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired	•	Additional equired
City & State	e		City & State			6. Election Campaign Financing	\$5.00	May Be
23	-	28	•			Trust Fund Contribution	•	to Fees
Zip	Country		Zip	Cou	ntry	8. This corporation owes the current year Inta	ngible	
	25	29	· r	30	-	Personal Property Tax.	Yes	□No
24	9. Name and Address of Curre					10. Name and Address of New Registered A	gent	
	J. 114110 414 71447555 51 54715				81 Name	4 6.4-1		
LEVI)	NE & SEGAUL, P.A.				//	DVIO DILOBN		
4300	n. University dr.				82 Street Ad	dress (P.O. Box Nymber is Not Acceptable)		
	LAUDERDALE FL 33351			1	83	TO CHORIC - HOLD		
			•		30	· · ·		
					84 City	LAUDAS PLES SERVERELL	85 Zip	346
office or re agent. I ar	egistered agent, or both, in the State m gladian with an agent the oblig	e of Horida	a. Such change was au Section 607.0505, Flori	unonzea	by the corpora	rporation submits this statement for the purpose of a stion's board of directors. I hereby accept the appoint	itment as re	egistered '+*
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State m gration of the oblig Signature, typod or printed name of registered as	ations of ent and title if	a. Such change was au Section 697.0505, Flori phicable. (NOTE:	ida Statu	by the corpora	aired when reinstating)	1	
office or reagent. I an SIGNATURE	Signature, typed or printed name of registered as	ations of ent and title if	a. Such change was au Section 697.0505, Flori phicable. (NOTE:	ida Statu Registered	Agent signature requ	ation's board of directors. I hereby accept the appoint	1	
office or reagent. I ar SIGNATURE 12.	Signature, typod or printed name of registered as	ations of ent and title if	a, Such change was au Section 697.0505, Flori golicable. (NOTE: CTORS	Registered	Agent signature requ	aired when reinstating)	9 D DIRECTO	DRS IN 12
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office or reagent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typod or printed name of registered as OFFICERS A P GILDEN, DAVID	ent and title if	a. Such change was au Section 697.0505, Flori of Silcable. (NOTE: CTORS	Registered 13. 1.1 TIT 1.2 NA 1.3 ST	Agent signature required. LE ME REET ADDRESS Y-ST-ZIP	aired when reinstating)	D DIRECTO	DRS IN 12
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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 an anadotherent with any ddress, with all other like empowered.

SIGNATURE: