PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000021183

FILED Apr 29, 1999 8:00 am Secretary of State

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1. Corporation	n Name 7 7 P90000	021103								
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						_03/05/1998		11.	-P-4 F-4	
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				81 Name		 · ,·	•			
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STE	410			83						
PALI	M BEACH GARDENS FL 33410			84 City				85 Zip (Code	
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l									* 4 4	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida	Statutes, th	ne above-named	corporatio	on submits this statement fo	or the purpose	of changing its	registered	
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligate	and 607.1508, Florida f Florida. Such change ons. 7, Section 697.05	Statutes, the was author 05, Florida S	ne above-named lized by the corporately the co	corporation's be	on submits this statement for coard of directors. I hereby	or the purpose of accept the app	of changing its ointment as re	registered gistered	
	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligation	and 607.1508, Florida f Florida. Such change ons 87, Section 697.050	Statutes, the was author 05, Florida S	ne above-named lized by the corporatules.	corporation s be	on submits this statement fo loard of directors, I hereby	or the purpose of accept the app	of changing its ointment as re	registered gistered	
11. Pursuant office or r agent. I a SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Regis	D Canol sered Agent signature n	equired when a	reinstating)	DATE	/77		(8)
SIGNATURE	Signature, typed or printed name of registered egent of OFFICERS AND	and title if applicable. DIRECTORS	(NOTE: Regis	Second Spent signature n 13.	equired when a		DATE	ND DIRECTO	RS IN 12	11/98)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered egent. OFFICERS AND	and title if applicable.	(NOTE: Regist	tered Agent signature of 13.	equired when a	reinstating)	DATE	/77		4 (11/98)
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4. I hereby certify that the information supplied with this filling 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 end that my signature shall have the same legal effect as if made under eath; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SUGNING OFFICER OR DIRECTOR

561 630-672

Daytime Phone