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

DOCUMENT # DOCOMO 24172

Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90018 050 ***150.00

1. Corporation	Name P 98000	024173		
Principal Place	of Business	Mailing Address		
10109 TWIN LAKES DRIVE 10109 TWIN LAKES DRIVE				
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071				•
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 03/13/1998
2. Principal Pl	lace of Business	2a. Mailing Address		4, FEI Number Applied For
21		26		68-09/6395 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired
22	-	27		Fee Required
City & State	9	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29 3	0	Personal Property Tax.
<u></u>	9. Name and Address of Curren			10. Name and Address of New Registered Agent
HALL, ROBERT J			81 Name	GAYLE CELESTI.
10109 TWIN LAKES DRIVE			82 Stree	tet Address (P.O. Box Number is Not Acceptable)
CORAL SPRINGS FL 33071			83	
			84 City	- 85 Zip Code
				CORAL SPRINGS FL 3307,
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing in office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE	Signature, typed or printed name of registered ager			ure required when reinstating) DATE
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	D ✓ Change Addition
NAME	CELESTI, GAYLE		1.2 NAME	HALL ROBERT J.
STREET ADDRESS	10109 TWIN LAKES DRIVE		1.3 STREET ADDRES	HALL, ROBERT J. 10104 TWIN LAKES DR
	CORAL SPRINGS FL 33071		1.4 CITY-ST-ZIP	CORAL SPRINGS FL 33011
CITY-ST-ZIP	COTAL OF THINGS TE COOP !	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
ITILE		- December		
.NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRES	., . .
CITY-ST-ZIP		- Delete	2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE	, single
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRES	SSS
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRES	iss
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRES	ss
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
			6.3 STREET ADDRES	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP