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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000093675

1. Corporation Name

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90035 042 ***150.00

	A DENIAL, P.A.							
Principal Place	e of Business	Mailing Address				a lli an sii aa li s	ilina isti ia d iisti	
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6830 DYKES RD 6830 DYKES RD FT LAUDERDALE FL 33331 FT LAUDERDALE FL 33331					Ļ			
TT ENDERDALE TE COOL					DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualifed	I		
					11/04/1998			
Principal Place of Business 2a. Mailing Address					4 FEI Number	_	Ap	plied For
21	•	26			105- <u>087</u> 3	27 <u>5</u>	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	_ 	\$8.75 A	
22		27			5. Certificate of Status Desired		Fee Re	quired
City & Stat	e —	City & State		war gir	6. Election Campaign Financing	- 	\$5.00	May Be
23		28			Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Country		This corporation owes the cur	rent year Inta	ngible 🔪	
24	25	29 30]		Personal Property Tax.	_	☐ Yes	X No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New	Registered /	\gent	
	-		81	Name				
GONZALEZ, CLARA M			. 82	Street A	Address (P.O. Box Number is Not Acceptable)			
6830 DYKES RD			02	SueciA	ddress (P.O. Box Number is Not Acceptable)			
FT L	AUDERDALE FL 33331		83					,
					· · · · · · · · · · · · · · · · · · ·	_		
			84	City	•	FL	85 Zip (Code
11. Pursuant	to the previous or examine earlies	2 and 607.1508, Florida Statutes,	uie above	-nameu c	-i			
office or F	egistered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such change was authorions of, Section 607.0505, Florida	onzed by Statutes	tne corpor	ation's board of directors. Thereby acce	DATE	minent as ici	gistered
office or r agent. I a SIGNATURE	registered agent, or both, in the State or im familiar with, and accept the obligat Signature, typed or printed name of registered agen	of Florida. Such change was authorions of, Section 607.0505, Florida	onzed by Statutes gistered Ager	tne corpor	uired when reinstating)	DATE		gistered
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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 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 copporation or the receiver or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the co

SIGNATURE: