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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

 Corporation 	MENT # S63572 CORPORATION		•						
Principal Place	of Business	Mailing Address				1	(INSTINCT THE BUILD ISSUE STATE (ABIN) FOR ALCO	, 6:011 6:911 AIQU	(B1) 61811 (881
501 S.W. 5TH STREET FORT LAUDERDALE FL 33315 501 S.W. 5TH STREET FORT LAUDERDALE FL 33315			;				DO NOT WRITE IN TH	IS SPACE	٠
		·				3.	Date Incorporated or Qualifed 07/02/1991		
2. Principal Pl	ace of Business	2a. Mailing Address				4.	FEI Number	Apı	olied For
21		26				<u> </u>	65-0269682		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5.	Certificate of Status Desired	\$8.75 A Fee Re	
City & State	9	City & State					Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to	
Zip	Country	Zip	Cou	ntry		8.	This corporation owes the current year	ntangible	
24	25		30			<u></u>	Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent		0.4		10.	Name and Address of New Registere	d Agent	
DI INI	CÉ IEEEDEV T			81	Name				
RUNGE, JEFFREY T				82	Street Addre	ss (F	P.O. Box Number is Not Acceptable)		
501 S.W. 5TH STREET FORT LAUDERDALE FL 33315									_
FUR	I PAODEMDATE LE 22212			83					
				84	'		F		
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 its registered 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: F	Recistered	Agen	nt signature required	when r	reinstating) DATE		
12.	OFFICERS ANI		13.				ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 717	ΠE				☐ Change	☐ Addition
NAME }	•		1.2 NA	ME					ļ
STREET ADDRESS	• •			STREET ADDRESS					
CITY-ST-ZIP				TY-S	T-ŽIP				
TITLE	V DELETE 21							☐ Change	☐ Addition
NAME	BURY, ANDREW			ME					}
STREET ADDRESS				REËI	T ADDRESS				j
CITY-ST-ZIP				ITY-S	ST-ZIP				
TITLE	DELETE 3.1			ΠE			-	☐ Change	☐ Addition
NAME	; ·		3.2 NA	ME					j
STREET ADDRESS			3.3 ST	REET	TADDRESS				Ĭ
CITY-ST-ZIP	3.4.		3.4. C	3.4. CITY-ST-ZIP					
TITLE	DELETE 4.1			.1 TITLE				Change	☐ Addition
NAME	-		4, 2 N	AME					
STREET ADDRESS			4.3 ST	REE	TADDRESS				
CITY-ST-ZIP			4.4 CT	TY-S	T-ZIP				
TTLE		☐ DELETE	5.1 TT					Change	☐ Addition }
NAME			5.2 N	ME					Ì
STREET ADDRESS			5.3 \$1	REET	TADDRESS				ļ
CITY-ST-ZIP			5.4 CI		T-ZIP				
TITLE		☐ DELETE	6.1 Tr					☐ Change	Addition
			62 NA	ME					l

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 chapted, or on an attachment with an address, with alrother like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS