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PROFIT CORPORATION ANNUAL REPORT

⊬ 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S47511

ANGONES, HUNTER, MCCLURE, LYNCH & WILLIAMS, P.A.

							fi dir ii d ibii birii	Affili Atuli (BB)
Principal Place	e of Business	Mailing Address						•
66 WEST FLAGI	LER STREET	66 WEST FLAGLER STR	REET					
NINTH FLOOR		NINTH FLOOR				DO NOT WIDITE IN THIS SPACE		
MIAMI FL 33130		MIAMI FL 33130				DO NOT WRITE IN THIS SPACE		
F	•				,	3. Date Incorporated or Qualifed	· · · ·	
						04/16/1991		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	· —	oplied For
21		26				65-0255214	N N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional
22	•	27				5. Certificate of Status Desired	Fee R	equired
City & State	9	City & State		-		6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year	Intangible	
— '	25	29	30		•	Personal Property Tax.		
24 25 29 3 9. Name and Address of Current Registered Agent			100	'			Name and Address of New Registered Agent	
	9. Name and Address of Correin	t itegistered Agent		81	Name			
MCC	LURE, JOHN		•					
AN COC IA	EST FLAGLER STREET		F. 7.	82	Street Addre	ess (P.O. Box Number is Not Acceptable)	•	
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				1 - 1	City	F	·L!	
AND THE PROPERTY OF							of changing its	rogistored
44 Directort	to the provisions of Sections 607.0502	2 and 607 1508. Florida St	atutes, the a	bove	-named corpo	oration submits this statement for the purpose	or changing in	s registered
	to the provisions of Sections 607.0502 egistered agent, or both, in the State of					oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as re	egistered
	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligat					oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as re	egistered
SIGNATURE	m familiar with, and accept the obligat	tions of, Section 607.0505,	Florida Sta	utes.		· · ·	pointment as re	egistered
SIGNATURE	m familiar with, and accept the obligat	tions of, Section 607.0505,	Florida Sta	utes.		d when reinstating)¬, \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
SIGNATURE	in familiar with, and accept the obligat Signature, typed or printed name of registered agent OFFICERS AN	tions of, Section 607.0505, it and title if applicable. (N D DIRECTORS	Florida Sta	utes.		d when reinstating) >, \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	AND DIRECTO	ORS IN 12
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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 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 there like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

CITY-ST-ZIP 1

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90047 040 ***150.00