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COR	PROFIT PORATION JAL REPORT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State			FILED SOMER 18 AM 10: 35			
•	1999	DIVISION OF CO	RPORAT	IONS				
DOCUN 1. Corporation	MENT # 366184	· ·	SLOSEDARY OF STATE FAILAMASSEE, FLORIDA					
,		Mag - Address			1 10 10 10 11 11 10 11 11 11 11 11 11 11			
Principal Place		Mailing Address						
9095 SW 87TH MIAMI FL 33176		9095 SW 87TH AVE #777 MIAMI FL 33176						
		THE THE TAX TO SEE TH	DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualifed			
5 5 - 1 - 1 5		La takan kari			06/24/1970	1.1.	2	
	ace of Business	2a. Mailing Address			4, FE‡ Number		lied For	
Suite, Apt. i	# etc	Suite Apt #, etc			59-1317914	\$8.75 Ad	Applicable	
22	,, 5.0	27			5. Certificate of Status Desired []	Fee Req		
City & State)	City & State			6. Flection Campaign Financing	\$5.00 N	Jav Be	
23		28			Trust Fund Contribution	Added to	•	
Zip	Country	Z)p	Country	r	8. This corporation owes the current year In			
24	25	[30]	0]		Personal Property Tax 10. Name and Address of New Registered	or and a second of	cNf	
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered	Agent		
	HELL, JAMES R							
	SW 87TH AVE., #777		82	Street Ad	ddress (P.O. Box Number is Not Acceptable)			
MIAM	II FL 33176		83					
			84	Čity		85 Zip Co	nde	
			54	City	FL	- 3 7 7 6 6	,00	
office or re	o the provisions of Sections 607.0502 egistered agent, or both, in the State on In familiar with, and accept the obligation	f Florida. Such change was auth	iorized by	the corpora	erporation submits this statement for the purpose of ation's board of directors. Thereby accept the appo	changing its re introent as regi	agistered stered	
SIGNATURE						-		
12.	Signature, typed or printed name of registered agent OFFICERS AND		getered Ager 13.	d segnature rega	DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	D IN 40	
TITLE	PD	[DELETE	11 THE	[ADDITIONS/CHANGES TO OFFICERS A	[] Change	[Add bor.	
NAME	MITCHELL, JAMES R		1.2 NAME	İ				
\$TREET ADDRESS	9095 SW 87TH AVE., #777		1357KEF1	LADDRESS				
CITY-ST-ZIP	MIAMI, FL 00000		14 CITY-5	F- ZH1				
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NAME	MITCHELL, JOANNE S		2.2 NAME		800002810	010030		
I	9095 SW 87TH AVE., #777		23 STREET	i	- いっとことでは、 - ****150,00		50.5 50.00	
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STREET ADDRESS			53 \$1RE F 3	ADDRESS				
A LUCK CHRONIC 22								

6 4 CITY-S1-7IF CITY-ST-ZIP 14. 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 any officer or director of the corporation or the receiver or trustee enprowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like enprowered.

[] DELFTE

5.4 C(1) - S1 - Z(F)

6.3 STREET ADORESS

6 1 TITLE

6.2 MAME

SIGNATURE: X AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Date

Digitale Phore #

[| Change

[| Addition