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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 496136

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90098 004 ***150.00

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1	ace of Business	Mailing Address			-	TO STATE OF THE PERSON NAME OF THE PERSON OF	int menti minit Afati m	igit atati biahi ibbi
2719 PINEW(2719 PINEWOOD AVE						
P.O. BOX 82	BEACH FL 33407	P.O. BOX 8277						
, web, them	BEROTI (E 3340)	WEST PALM BEACH F	L 33407			DO NOT WRITE I	N THIS SPACE	
						3. Date Incorporated or Qualifed		
2. Principal	Place of Business	2a. Mailing Address				02/07/1976		
21		26 - 26 - 26 - 26 - 26 - 26 - 26 - 26 -	-	_		4. FEI Number		Applied For
Suite, Ap	et. #, etc.	Suite, Apt. #, etc.				59-1641427		-Not Applicable
22		27				5. Certificate of Status Desired		5 Additional
City & St	ate	City & State			·	8 Floring Committee City		Required
23		28				6. Election Campaign Financing Trust Fund Contribution		00 May Be
Zip	Country	Zip	Cou	intry		This corporation owes the current y		ed to Fees
24	25	29	30			Personal Property Tax.	Yes	□No
<u> </u>	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Regis		
RAI	ULERSON, JAMES J., JR.			81 N	lame		<u></u>	
	19 PINEWOOD AVENUE			82 S	treat Addr	ess (P.O. Box Number is Not Acceptable)		
	ST PALM BEACH FL 33407			" "	u eet Auurt	ess (F.O. Box Number is Not Acceptable)		ļ
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				84 Ci	ity			
44 5			į	-	•	•		p Code
11. Pursuan office or	t to the provisions of Sections 607,050; registered agent, or both, in the State in	2 and 607.1508, Florida Sta	tutes, the al	bove-na	med corpo	pration submits this statement for the purpon's heard of directors. I hereby account the		its registered
agent. I i	am familiar with, and accept the obligat	tions of, Section 607.0505,	Florida Statu	i by the utes.	corporatio	oration submits this statement for the purpon's board of directors. I hereby accept the	appointment as	registered
CICNIATION								
SIGNATURE								}
	Signature, typed or printed name of registered agen			Agent sign	sture required		ATE	
12.	Signature, typed or printed name of registered agen OFFICERS AN	D DIRECTORS	13.		sature required	when reinstating) DA ADDITIONS/CHANGES TO OFFICER		TORS IN 12
	Signature, typed or printed name of registered agen OFFICERS AN		13. 1.1 TIT	LE	sature required			
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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.