Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90078 013 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 508421

Principal Place 5401 GODFREY POMPANO BEAU	ROAD	Mailing Address 5401 GODFREY ROAD POMPANO BEACH FL 33067			DO NOT WRITE IN THE 3: Date Incorporated or Qualifed 09 (04/1976)		
- 5 ! -!! 5!	Division	2a. Mailing Address			08/04/1976 4. FEI Number	An	plied For
	ace of Business	26			59-1684566	ļ	t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	_			\$8.75 A	dditional
22		27			5. Certificate of Status Desired	Fee Re	quired
City & State	हर्ग करणा के दि र्म करणा करणा करणा करणा करणा करणा करणा करणा	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	•
Zip	Country	Zip	Country	,	8. This corporation owes the current year		-
4		29 3	0		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent	81	T N	10. Name and Address of New Registers	d Agent	
DI ITI	EDGE KENTON		81	Name			
RUTLEDGE, KENTON 5401 GODFREY ROAD POMPANO BEACH FL 33067			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
			83				
POMPANO BEACH FL 3300)							
. 511							
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	i02 and 607.1508, Florida Statutes e of Florida. Such change was aut	84 s, the above	City re-named corr	poration submits this statement for the purpose ion's board of directors. I hereby accept the app		
11. Pursuant office or r agent. I a SIGNATURE	m familiar with, and accept the oblig	ent and title if applicable. (NOTE: R	s, the above horized by da Statutes	City e-named corp the corporation	poration submits this statement for the purpose ion's board of directors. I hereby accept the appear of the properties of the proper	of changing its pointment as re	registered gistered
11. Pursuant office or ragent. I a SIGNATURE	m familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A	pent and title if applicable. (NOTE: R	s, the above horized by da Statutes Registered Age	City e-named corp the corporation	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its pointment as re-	registered gistered
11. Pursuant office or r agent. I a SIGNATURE 12.	Signature, typed or printed name of registered ag OFFICERS A	ent and title if applicable. (NOTE: R	s, the above horized by da Statutes Registered Ages 13.	City e-named corp the corporation	poration submits this statement for the purpose ion's board of directors. I hereby accept the appear of the properties of the proper	of changing its pointment as re	registered gistered
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE	Signature, typed or printed name of registered ag OFFICERS A PD RUTLEDGE, DOREEN	pent and title if applicable. (NOTE: R	the above horized by da Statutes Registered Ages 13. 1.1 TITLE 1.2 NAME	City e-named corporations.	poration submits this statement for the purpose ion's board of directors. I hereby accept the appear of the properties of the proper	of changing its pointment as re-	registered gistered
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS A PD RUTLEDGE, DOREEN 5401 GODFREY ROAD	pent and title if applicable. (NOTE: R	s, the above horized by da Statutes Registered Ages 13. 1.1 TITLE 1.2 NAME 1.3 STREE	City e-named corporation the corporation the signature requirements TADORESS	poration submits this statement for the purpose ion's board of directors. I hereby accept the appear of the properties of the proper	of changing its pointment as re-	registered gistered
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A PD RUTLEDGE, DOREEN 5401 GODFREY ROAD POMPANO BEACH FL	pent and title if applicable. (NOTE: R	the above horized by da Statutes Registered Ages 13. 1.1 TITLE 1.2 NAME	City e-named corporation the corporation the signature requirements TADORESS	poration submits this statement for the purpose ion's board of directors. I hereby accept the appear of the properties of the proper	of changing its pointment as re-	registered gistered RS IN 12
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A PD RUTLEDGE, DOREEN 5401 GODFREY ROAD	ient and title if applicable. (NOTE: R ND DIRECTORS	s, the above horized by da Statutes Registered Ages 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	City e-named corporation the corporation the signature requirements TADORESS	poration submits this statement for the purpose ion's board of directors. I hereby accept the appear of the properties of the proper	of changing its pointment as re-	registered gistered RS IN 12
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ag OFFICERS A PD RUTLEDGE, DOREEN 5401 GODFREY ROAD POMPANO BEACH FL SD	ient and title if applicable. (NOTE: R ND DIRECTORS	s, the above horized by da Statutes Registered Agei 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	City e-named corporation the corporation the signature requirements TADORESS	poration submits this statement for the purpose ion's board of directors. I hereby accept the appear of the properties of the proper	of changing its pointment as re-	registered gistered RS IN 12
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS A PD RUTLEDGE, DOREEN 5401 GODFREY ROAD POMPANO BEACH FL SD RUTLEDGE, KENTON	ient and title if applicable. (NOTE: R ND DIRECTORS	s, the above horized by da Statutes Registered Agei 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	City e-named correct the corporations. It signature requires requ	poration submits this statement for the purpose ion's board of directors. I hereby accept the appear of the properties of the proper	of changing its pointment as re-	registered gistered RS IN 12 Addition
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A PD RUTLEDGE, DOREEN 5401 GODFREY ROAD POMPANO BEACH FL SD RUTLEDGE, KENTON 5401 GODFREY ROAD	ient and title if applicable. (NOTE: R ND DIRECTORS	s, the above horized by dia Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	City e-named correct the corporations. It signature requires requ	poration submits this statement for the purpose ion's board of directors. I hereby accept the appear of the properties of the proper	of changing its pointment as re-	registered gistered RS IN 12 Addition
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ag OFFICERS A PD RUTLEDGE, DOREEN 5401 GODFREY ROAD POMPANO BEACH FL SD RUTLEDGE, KENTON 5401 GODFREY ROAD POMPANO BEACH FL	ent and title if applicable. (NOTE: R ND DIRECTORS DELETE	Registered Agei 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME	city e-named corrupte the corporation of the corpor	poration submits this statement for the purpose ion's board of directors. I hereby accept the appear of the properties of the proper	of changing its pointment as re-	registered gistered
11. Pursuant office or ragent. I a SIGNATURE 12. ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME	Signature, typed or printed name of registered ag OFFICERS A PD RUTLEDGE, DOREEN 5401 GODFREY ROAD POMPANO BEACH FL SD RUTLEDGE, KENTON 5401 GODFREY ROAD POMPANO BEACH FL	ent and title if applicable. (NOTE: R ND DIRECTORS DELETE	Registered Agei 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME	City e-named correct the corporations. It signature requires requ	poration submits this statement for the purpose ion's board of directors. I hereby accept the appear of the properties of the proper	of changing its pointment as re-	registered gistered RS IN 12 Addition
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A PD RUTLEDGE, DOREEN 5401 GODFREY ROAD POMPANO BEACH FL SD RUTLEDGE, KENTON 5401 GODFREY ROAD POMPANO BEACH FL	ent and title if applicable. (NOTE: R ND DIRECTORS DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 3.4 CITY-S 3.4 CITY-S	City e-named corr the corporation the corporation TADORESS T-ZIP TADORESS T-ZIP TADORESS T-ZIP	poration submits this statement for the purpose ion's board of directors. I hereby accept the appear of the properties of the proper	of changing its pointment as research	RS IN 12 Addition
11. Pursuant office or ragent. I a SIGNATURE 12. ITTLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A PD RUTLEDGE, DOREEN 5401 GODFREY ROAD POMPANO BEACH FL SD RUTLEDGE, KENTON 5401 GODFREY ROAD POMPANO BEACH FL	ent and title if applicable. (NOTE: R ND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE	City e-named corr the corporation the corpora	poration submits this statement for the purpose ion's board of directors. I hereby accept the appear of the properties of the proper	of changing its pointment as re-	registered gistered RS IN 12 Additio
11. Pursuant office or ragent. I a SIGNATURE 12. IIITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE STREET ADDRESS CITY-ST-ZIP IITLE NAME	Signature, typed or printed name of registered ag OFFICERS A PD RUTLEDGE, DOREEN 5401 GODFREY ROAD POMPANO BEACH FL SD RUTLEDGE, KENTON 5401 GODFREY ROAD POMPANO BEACH FL	ent and title if applicable. (NOTE: R ND DIRECTORS DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME	City e-named corr the corporation at ADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP	poration submits this statement for the purpose ion's board of directors. I hereby accept the appear of the properties of the proper	of changing its pointment as research	RS IN 12 Addition
11. Pursuant office or ragent. I a SIGNATURE 12. ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS A PD RUTLEDGE, DOREEN 5401 GODFREY ROAD POMPANO BEACH FL SD RUTLEDGE, KENTON 5401 GODFREY ROAD POMPANO BEACH FL	ent and title if applicable. (NOTE: R ND DIRECTORS DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.3 STREE 4.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE	City e-named corporation the corporation at signature require ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	poration submits this statement for the purpose ion's board of directors. I hereby accept the appear of the properties of the proper	of changing its pointment as research	RS IN 12 Addition
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A PD RUTLEDGE, DOREEN 5401 GODFREY ROAD POMPANO BEACH FL SD RUTLEDGE, KENTON 5401 GODFREY ROAD POMPANO BEACH FL	Indicate Indicate	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S	City e-named corporation the corporation at signature require ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	poration submits this statement for the purpose ion's board of directors. I hereby accept the appear of the properties of the proper	of changing its pointment as research	registered gistered RS IN 12 Addition
11. Pursuant office or ragent. I a signature 12. IIILE VAME STREET ADDRESS CITY-ST-ZIP IIILE NAME	Signature, typed or printed name of registered ag OFFICERS A PD RUTLEDGE, DOREEN 5401 GODFREY ROAD POMPANO BEACH FL SD RUTLEDGE, KENTON 5401 GODFREY ROAD POMPANO BEACH FL	ent and title if applicable. (NOTE: R ND DIRECTORS DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.3 STREE 4.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE	City e-named corporation the corporation at signature require ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	poration submits this statement for the purpose ion's board of directors. I hereby accept the appear of the properties of the proper	of changing its pointment as research as r	RS IN 12 Addition Addition Addition

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 other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

NONATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

3-25-99

(984) 968-0017

☐ Change

☐ Addition