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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 644980

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Suite, Apt.	#, etc.	Suite, Apt. #, etc				5. Certifcat	te of Status Desired				dditional
22 City & Stat	<u> </u>	City & State				1 5 5 6		 		e Rec	·
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	9. Name and Address of Current	t Registered Agent					and Address of Nev	Registered	Agent		
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	S, IRMA			82	Street Addre	ess (P.O. Box I	Number is Not Acce	ptable)			
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11. Pursuant	to the provisions of Sections 607.0502	2 and 607,1508, Florida S	statutes, the	above-n	amed corpo	oration submits	s this statement for th	ie purpose d	of changin	ıgıts r	egistered
office or r	registered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such change v	vas authorize	ed by the	e corporatio	in's board of di	rectors. I hereby acc	ept the appo	ointment a	as regi	istered
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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 the 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 or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-05-99

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90042 034 ***150.00

305-696-607/ Daytime Phone # CR2E034 (11/98)