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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 671458

 Corporation 	n Name								
BAHAMA				1 KANATA ARTIK 1889) KIBIK SITON A	(!#! 18((# #)) 6 (##### #### ####		
Principal Place of Business Mailing Address						100410 02101 10000 11014 D1001 0		B 0 4 8/0/	
10731 BUTTONWOOD LAKE DR 10731 BUTTONWOOD LAKE BOCA RATON FL 33498-1654 BOCA RATON FL 33498			DR						
US US						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						05/28/1980			
2. Principal P	lace of Business	2a. Mailing Address	Mailing Address			4. FEI Number		<u>`</u>	pplied For
21	26 Suite, Apt. #, etc. Suite, Apt. #, etc.					59-2001546		\$8.75	ot Applicable
22 Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Fee Re	
City & Star	te	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country			This corporation owes the cur	rent year Inta		.
24	25		30			Personal Property Tax.	D1-4	Yes	MNo
	9. Name and Address of Curren	t Registered Agent	8	1 Name		10. Name and Address of New	Registered /	Agent	
SIMMS, R.J.				I Name					
138 N SWINTON AVE				82 Street Address (P.O. Box Number is Not Acceptable) 6504 CONTEMPO LANE					
DELRAY BCH FL 33444				1656 3	9 4	CONTENTO LA	r~E	····	
						-			
				84 City Boca RATON FL 85 ZID Code 33433					433
11. Pursuant	s, the abo	o named o	OFFICE	ation cubmite this statement for the	purpose of	changing its	registered		
office or r agent. I a	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was au tions of, Section 607.0505, Florj	itnonzed b ida Statute	y the corpor s.	rauon	s poard of directors. Thereby acce	pt the appoin	illient as to	gistered
SIGNATURE		~~~ F	(T)	SIMN	Z٨	\ /	30/90	1	
SIGNATURE	Registered Ag	ent signature rec	quired w	rhen reinstating)	DATE				
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO Change	ORS IN 12 Addition
TITLE	PD DELETE		1.1 TITLE					Criange	
NAME	MACKEEN, ROY D.			1.2 NAME			1		
STREET ADDRESS				1.3 STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY- 2.1 TITLE	1.4 CITY-ST-ZIP				Change	Addition
TITLE	_		1	2.2 NAME					
NAME	Mackeen, Barbara s 10731 Buttonwood Lake Dr			2.3 STREET ADDRESS					
STREET ADDRESS	BOCA RATON FL			2.4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE	TD DELETE			3.1 TITLE		· · · · · · · · · · · · · · · · · · ·		hange	Addition
NAME	SIMMS, R.J.			3.2 NAME				,	{
STREET ADDRESS	1 201-GEORGE BUSH BLVD		8	3.3 STREET ADDRESS 6		504 CONTEMPO L	ANE		_
CITY-ST-ZIP	DELPAY-BEACH FL		3.4. CITY-			CA RATON, FL			•
TITLE	V DELETE		4.1 TITLE	4.1 TITLE		· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition
NAME	MACKEEN, ROBERT		4. 2 NAME	4. 2 NAME			•		
STREET ADDRESS				4.3 STREET ADDRESS					}
CITY-ST-ZIP	LAUDERHILL FL 33351			4.4 CITY-ST-ZIP				П«	
TITLE	DELETE			5.1 TITLE			•	☐ Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP		[] perete	5.4 CITY- 6.1 TITLE					Change	Addition
TITLE		☐ DELETE	6.2 NAME						
NAME									
STREET ADDRESS			0.3 STRE	ET ADDRESS					

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP