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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 672034

## **FILED** Feb 09, 1999 8:00am Secretary of State 02-09-1999 90014 026 \*\*\*150.00

1. Corporation	n Name	<b>t</b>			3			
	ILLER INC.							
JACK WII	ILLEN ING.					ALI BIBII BIBII BIBII B	1811 4:Bil (881)	
						AN <b>6</b> 180 (1911) 6160 (1	(11) 1111) (11)	
Principal Place	e of Business	Mailing Address			i			
4840 S.W. 141 AVE. 4840 S.W. 141 AVE.								
MIAMI FL 33175 MIAMI FL 33175							•	
					DO NOT WRITE IN T	IS SPACE	-	
					3. Date Incorporated or Qualifed			
					06/18/1980			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<b>⊢</b>	plied For	4
21		26			59-2007892		t Applicable	Ξ,
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 Certifcate of Status Desired	\$8.75		
22		27			5. Continuate of States Bosines	Fee Re	quired	; 1
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current year	Intangible		
24	25	29	30		Personal Property Tax.	[☑Yes	□No	
	g, Name and Address of Curre	ent Registered Agent			10. Name and Address of New Register	ed Agent		
		:		81 Name	• •		Į	
ARR	OM, ORLANDO, CPA			20 21 1 4 4 4	(D.O. Bay Number in Net Acceptable)			ĺ
1055	56 N.W. 26TH ST SUITE 203			82 Street Addre	ess (P.O. Box Number is Not Acceptable)		. 1	ĺ
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office or r	registered agent or both in the State	o of Florida. Such change was a	uthorized	by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as re	gistered	ĺ
agent. I a	am familiar with, and accept the oblig	gations of, Section 607.0505, Flo	rida Statu	ites.	•		٠,	ĺ
SIGNATURE					<u> </u>	•	· · ·	
0.07.0.1.0.1.0	Signature, typed or printed name of registered ag			Agent signature required	d when reinstating) DATE			9
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		RS IN 12  Addition	1
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CITY-ST-ZIP			Į.	MÉ REET ADDRESS				1
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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 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 received 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.

SIGNATURE: \_

PRINTED NAME OF SLENING OFFICER OP DIRECTOR