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**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name

DOCUMENT # 679157



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90080 014 \*\*\*150.00

MEL PER	NNEY INC.									
Principal Place	e of Business	Mailing Address				( 18649 Britz 13049 1819) (1834 Sitz) (80) Bir	W1011 31015	11877 017	11 41011 1401	
3057 THELMA ROAD 3057 THELMA ROAD										
WEST PALM BE		WEST PALM BEACH FL 33	3406							
•						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed			ì	
<del></del>						07/21/1980		Anni	ied For	
2. Principal Pi	lace of Business	2a. Mailing Address				_   **		Applicable		
21	<del></del>	26				59-2012947	€8:			
Suite, Apt. #, etc.		<b>⊢</b>	Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional Fee Required				
22{		City & State				- Flority Conveins Financing			——	
City & Stat	8	- <del></del> - '	City & State			6. Election Campaign Financing 5.00 May Be Trust Fund Contribution Added to Fees				
23		28	Cou	intry		This corporation owes the current year		000 10	7005	
Zip	Country	— `	30	y		Personal Property Tax.	⊡ Yes		ZiNo	
24	9. Name and Address of Curr	rent Registered Agent	[30]	Γ	<del></del>	10. Name and Address of New Registers				
	9. Name and Address of Cun	Iour iveRisteron Whenr		81	Name					
PFNI	NEY, MEL									
	THELMA ROAD			82	Street Add	ress (P.O. Box Number is Not Acceptable)				
	T PALM BEACH FL 33406			83						
****	7744000000000000									
				84	City		L 85	Zip Co	ode	
				ماد د د ما ل		poration submits this statement for the purpose	CONTINUOUS :	INAT PE	istered I	
office or r	egistered agent, or both, in the Sta im familiar with, and accept the obl	igations of, Section 607.0505, Fl	orida Stat	utes.	ne corporation	on's boald of directors. Thereby accept the ap	ointment	as regi	istered	
office or r agent. I a SIGNATURE	egistered agent, or both, in the Sta im familiar with, and accept the obl Signature, typed or printed name of registered	agent and title If applicable. (NOT	orida Stat	utes.	ne corporation	ed when reinstating)  DATE				
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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 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.

SIGNATURE:

CR2E034.(1.1/98)