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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600004268

MEMBER	SERVICES INCORPORATE	ED OF NC									
Principal Place	e of Business	Mailing Address				BB (FIO 18169 BILL) OBSIL BOI	ii Baili Aasii a	3	1181 1811 1881		
4700 YORKMON		4700 YORKMONT RD									
CHARLOTTE NC 28208 CHARLOTTE NC 28208						DO NOT MOD	E IN THIS	CDACE			
					2 Data Inco	DO NOT WRIT	IE IN THIS	SPACE		l	
•					08/21/1	•					
2 Dringing Di	lace of Business	2a, Mailing Address			4. FEI Numb			App	lied For		
— ·	lace of business	26			56-1916			<u> </u>	Applicable	ĺ	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.						\$8.75 A	dditional		
22	en e	27			5. Centricate	of Status Desired		Fee Red	uired	_	
City & State	e	City & State			6, Election C	ampaign Financing		\$5.00 h	•	l	
23		28				d Contribution		Added to	Fees		
Zip	Country	Zip	Count	гу	1 '	oration owes the curr	ent year int		□N ₁₀		
24	25	29	30			Personal Property Tax. 10. Name and Address of New Registers			Yes No		
	9. Name and Address of Curre	nt Registered Agent	9	1 Name	70. Name an	a Address of New P	registered	Agent	,		
RANI	ks, roger		Ľ						<u> </u>		
2100 HWY A1A			8	2 Street	Address (P.O. Box No	ımber is Not Accepta	ible)			 	
	AN HARBOUR BEACH FL 32937	,	8	13						1	
			Ļ					85 Zip C			
				City			FL	.			
11. Pursuant office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	02 and 607.1508, Florida Statut of Florida. Such change was a ations of, Section 607.0505, Flo	es, the about thorized b rida Statut	ove-named by the corp es.	corporation submits t oration's board of dire	his statement for the ctors. I hereby accep	purpose of t the appoi	changing its r ntment as reg	egistered istered		
SIGNATURE										1	
				and nimenture			DATE				
	Signature, typed or printed name of registered age			yeni signature i	required when reinstating)	OCUANCES TO OF		ID DIRECTOR	20 IN 12	1	
12.	OFFICERS AF	ND DIRECTORS	13.			S/CHANGES TO OF		ID DIRECTOR	RS IN 12		
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP