Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90212 007 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # F9600006309

1. Corporation Name

Principal Place of Business Mailing Address 16614 SADDLE CLUB RD. FT. LAUDEFDALE FL 33326 FT. LAUDERDALE FL 33326 FT. LAUDERDALE FL 33326							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
						1	ate incorporated or Quai 2/04/1996	itea			
2. Principal Place of Business			2a. Mailing Address				I Number			Applied For	
21 1545	N. Park Dr	•	26 1545 N. Pa	rk D	r.	9;	<u>3-1223912 </u>			No Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. C	ertifcate of Status Desire	ed 🗆	•	5 Additional	
22 101			27 101		,					Re juired	
City & 5-tat	e		City & State		~	1	ection Campaign Finance	ing 🖂	•)0 May Be ed to Fees	
	Lauderdale Coun	FL	28 Ft Lauder	dale	FL		rust Fund Contribution	ourrent year Int		<u> </u>	
Zip	ran	•	29 33326 3	7			nis corporation owes the ersonal Property Tax.	Current year in	Yes	□No	
24 3332	n <u></u> -	USA Curren	Registered Agent	<u> US</u>	• A		ame and Address of N	ew Registered	Agent		
	J. Marris - 1121			8	1 Name						
C T CORPORATION SYSTEM						Street Aildress (P.O. Bo:: Number is Not Acceptable)					
1200 SOUTH PINE ISLAND ROAD					2 300007	-0. I) 6691017-	. 50. (10/1150) 10 (10/176)				
PLA	NTATION FL 33324			8:	3			-			
				84	4 City				85 Z	ip Code	
ł			and 607.1508, Florida Statutes					FL	.	·	
SIGNATUF!E	Signature, typed or printed no	me of registered agen		egistered Ag		eq iired when reins		DATE	ID OVERED		
12.	VP	OFFICERS AN	D DELETE	13. 1.1 TITLE		AD	DITI: DNS/CHANGES TO	OFFICERS AN	5€ Chan		
TITLE	l **	14	□ beleic	1.2 NAME					2 20		
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CITY-ST-ZIP	T	1 L 33320	☐ DELETÉ	2.1 TITLE					Chan	ge 🔲 Addition	
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CITY-ST-ZIP		FOR KD			ET ADDRESS	15/15	N Dark Dr	Suite	101		
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,	FT LAUDERDALE	FL 33326	☐ DELETE	2.3 STRE	ET ADDRESS -ST-ZIP				⊠ Chan	ge 🗀 Additio	
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14. Herety 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 attact ment with an address, with all other like empowered.

54 CITY-ST-ZIP

63 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

Addition

CR2E034 (11/98)