PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # F97000002682

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| Principal Place | nf Rusiness | | | lailing Address | s | | | | | [| 10 IGIII 1081 0811 41 | | Ja nia ingka jiya | II IMILD SYNY ISON | |
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| | | | | | | | | | | 05/21/1997 | 7 | | | | _ |
| 2. Principal Place of Business | | | | 2a. Mailing Address | | | | | | 4. FEI Number | | | | pplied For |] |
| 21 | | | 26 | 26 | | | | | | <u>59-341273</u> | 7 | | | ot Applicable | 1 |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | | 5. Certificate of S | tatus Desired | ·O- · | | Additional . equired | |
| | City & State | | | | City & State | | | | | Election Campaign Financing \$5.00 May Be | | | | | 1 |
| 23 | | | 28 | | | | | | | Trust Fund Co | notribution | | Added | to Fees | 4 |
| Zip | | Country | | Zip | | _ | ountry | | | 8. This corporation | | ent year in | | ٠,, | |
| 24 | 25 | | 29 | | | 30 | | | | Personal Prop | | | ☐ Yes | □No | 4 |
| | 9. Name and | d Address of Curr | ent Regis | stered Agent | | | | | | 10. Name and Ad | Idless of New I | Cegistered | Agent | | 1 |
| *** | NIO IALITO | | | | | | 81 | Name | | | | | | | |
| | TORINO, JAMES | | | | B2 5 | | | | | s (P.O. Box Numb | er is Not Accepta | able) | | | 7 |
| 12565 Spring Hill Drive Spring Hill Drive Fl 34609 | | | | | | | | | | | | | | | - |
| i SPHi | ING HILL DAIN | E FL 34009 | | | | | 83 | | | | | | | | ł |
| | | | | | | | 84 | City | | | | Fl | 85 Zip | Code | 1 |
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| 11. Pursuant office or r | to the provisions egistered agent. | of Sections 607.0 or both, in the Sta | 1502 and 6 ite of Flori | 507.1508, Flor Ida Such chai | nda Siatuti nda was a | is, inc | ed by | e-nameu the com | oration | abon soomus mis a 's board of director: | s. I hereby accer | of the appo | intment as it | gistered | 1 |
| agent. La | m familjar with, a | and accept the obli | igations of | f, Section 607 | .0505, Flo | ida S | tatutes | ino compr 's | | | | • | _ | _ | |
| L | m familiar with, a | and accept the obli | igations of ر E | f, Section 607 | .0505, Flo | da S | tatutes | 1 | JAM | ation submits this s 's board of directors | ٥ <u> </u> | 1-17- | 99 | | |
| SIGNATURE | m familiar with, a | inted name of registered a | egent and title | recontrue | .0505, Flo V(ce (NOTE | Regist | red Agen | nt signature i | JAM | イPS / 6 (ア) | <u> </u> | DATE | 77 | | 186 |
| SIGNATURE | Signature, typed or pr | and accept the obli- inted name of registered a OFFICERS | egent and title | (∠(∪+iùe if applicable. ECTORS | (NOTE | Registr | red Agen 3. | nt signature : | A A C | 4PS / もイル) inter reinstating) ADDITIONS/CH | ANGES TO OF | DATE FICERS A | ND DIRECTO | ORS IN 12 | 11/98) |
| SIGNATURE 12. Title | Signature, typed or pr | of FICERS | egent and title | (∠(∪+iùe if applicable. ECTORS | OSOS, FION VICE (NOTE | Registr | red Agen 3. TITLE | A signature | A A C | イPS / 6 (ア) | ANGES TO OF | DATE FICERS A | 77 | | 4 (11/98) |
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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 suppliemental 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 to on all attacking it with an address, with all other like empowered.

6.4 CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Mar 05, 1999 8:00 am Secretary of State 03-05-1999 90025 026 ***150.00