PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9700005572

Corporation Name

FILED Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90011 041 ***150.00

GEURGIA Principal Place	of Rusiness		alling Address							
	RK PL. STE. 150		o North Park Pl S1	TE. 150						
ATLANTA GA 30	339		ANTA GA 30339				DO NOT	WRITE IN THIS	SPACE	
						<u> </u>	3. Date Incorporated or Qua			
	•						10/21/1997		•	
2. Principal Pla	ace of Business	2a.	Mailing Address				4. FEI Number		Ар	plied For
21		26					58-2227990			t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desire	ed 🗆	\$8.75 A	
22		27								
City & State	م ما داد المستحث وموسو		City & State			85	Election Campaign Finance Trust Fund Contribution	۔۔ ۔۔ قرآب	\$5.00 . Added t	
23	Country	28	Zip	Coun	TV		8. This corporation owes the	current year in		
Zip	25	29	Z.P	30	-,		Personal Property Tax.		☐ Yes	□No
24	9. Name and Address of (tered Agent	134		1	0. Name and Address of N	ew Registered	Agent	
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CTO	CORPORATION SYSTEM	7 <u>1</u> 8.1		1	32 Stree	t Address	(P.O. Box Number is Not Ac	ceptable)		
	SOUTH PINE ISLAND RO	AD		L			<u> </u>		14	
PLAN	ITATION FL 33324	•		['	33			464		
				ļ.	34 City	1		EI.	85 Zip (Code
	<u> </u>		07.4500 Ftd- Ct-ti-	j tes the eb	_,_	d comorat	tion submits this statement fo	r the numose o	f changing its	registered
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	to the provisions of Sections 6	State of Figure	ta. Such change was a	aumonzea	JV 1111E CO1	poration's	board of directors. I hereby	accept the appo	intment as re	gistered
	to the provisions of Sections 6l egistered agent, or both, in the m familiar with, and accept the	State of Figure	ta. Such change was a	aumonzea	JV 1111E CO1	poration's	board of directors. I hereby	accept the appo	intment as re	gistered
office or reagent. I as	egistered agent, or both, in the m familiar with, and accept the	obligations of	, Section 607.0505, Flo	orida Statut	es.	porations	, board or directors. The roop of	DATE	intment as re	gistered
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14. 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 an adtachment with an address, with all other like empowered.

SIGNATURE:

XTURE REQUIRED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR