AMOUNT DUE ON OR BEFORE 09/19/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT



FLORIDA DEPARTMENT OF STATE

FILED Aug 31, 1999 8:00 am

ANNU	PORATION IAL REPORT 1999		Secreta	ine Harris ry of State CORPORATIONS	l	Secretary of State 08-31-1999 90003 007 ***150.00
	MENT # EC	98000000)583		-	
•	FICATIONS BY BA				,	<u> </u>
001011	, ioninono or or	TIDATOLATIN	10.			
Principal Place	e of Business	Mall	ng Address			-{
				SOUTH		
DUCA KRIUN	FL 33928	вос	A RATON FL 33428			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
2 Principal P	tace of Business	2n N	failing Address			01/30/1998 4. FEI Number Applied For
]	acco of Business	26	railing Mouress			52-1449107 Not Applicable
Suite, Apt.	#, etc.		uita, Apt. #, etc.			5 Cartificate of Status Desired \$8.75 Additional
City & State	معملية ي ري ب - ال	27 -	ity & State			Fee Required
		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip !	Country	29	ip	Country 30		8. This corporation owes the current year Intangible Personal Property. Yes No
·		ss of Current Register	ed Agent	[30]		10. Name and Address of New Registered Agent
740	OCD DADOADA I			81 Nai	ne	•
Tapper, Barbara J 10653 S. 228Th Lane				82 Sur	et Addre	ess (P.O. Box Number is Not Acceptable)
	CA RATON FL 33428			83		
					84 City 85 Zip Code	
	_			84 City	,	FL 85 Zip Code
office or r agent. I a SIGNATURE _	registered agent, or both, am familiar with and acce	in the State of Florida. opt the obligations of, an including the state of the sta	Such change was a section 607.0505, Flo	s, the above-name uthorized by the chida Statutes.	orporation	ation submits this statement for the purpose of changing its registered in a board of directors. I hereby accept the appointment as registered and the control of the contr
12.		FICERS AND DIRECT		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME STREET ADDRESS	CP TAPPER, BARBARA 10653 S. 228TH LA	NE	L_] DELETE	1.2 NAME 1.3 STREET ADDRE	22	Change Add\$ton
TITLE	BOCA RATON FL 3	3428	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME			DECEIE	2.2 NAME	1	Crasse E Admin
STREET ADDRESS				2.3 STREET ADDRE	ss	
717-ST-ZIP	·			2.4 CITY-ST-ZIP		
····			´・「广」oÉTELE ̄ ̄	3.1 TITLE	1.	Change Addition
-:-asi ADDRESS	·	~ ~	an ang ang in the second second	3.3 STREET ADDRE	ss	
				3.4 CITY-ST-ZIP		
inte)		·	DELETE	4.1 TITLE 4.2 NAME		L_] Change L_] Addition
- 1 viamedd				4.3 STREET ADDRES	ss l	· •
			N _k	4.4 CITY-ST-ZIP		
-			DELETE	5.1 TITLE	1	Change Addition
-	-			5.2 NAME		
_ I ALIUHU,39				5.3 STREET ADDRES	~	
			DELETE	6.1 TITLE	 	Change (`Addition
-				8.2 NAME		
I AUDRESS				6.3 STREET ADDRES	S	Į.
i hereby cea	rtify that the information s	upplied with this filing d	oes not qualify for th	8.4 CITY-ST-ZIP e exemption stated	in sactio	on 119.07(3)(i), Florida Statutes, I further certify that the information
Indicated or an officer of	n this annual report or su r director of the corporati or Block 13 if changed, o	pplemental annual repo on or the receiver or tru	ort is true and accura istee empowered to	ite and that my sig execute this repor	nature sl t as requ	half have the same legal effect as if made under oath; that I am ired by Chapter 607, Florida Statutes; and that my name appears
GNAT	URE:	STATE OR PRINTED NA	IE OF SIGNING CHARGE	au Jay	0)00	7, Bes 9-18-99 (161-470-975)

SEGNATURE AND TYPE DA PRINTED MANE OF SIGNING OFFICER ON DIRECTOR

BOYONDA JUON TOPPUT, Ausicle it