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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARIMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jun 08, 1999 8:00 am Secretary of State

	1999 -	COO WE OW	DIVISION OF CO		06-08-1999 90014	043 ***1	50.00
DOCU 1. Corporatio	MENT #	F.E.l	1581627				
HE	/ Meyex	2 NC	E G	16140	37,1002 - 2007 (	-	
Principal Plac	ce of Business/	^^	lailing Address				
11498 VICTORIA CRC/e POULAR BOX 1 41 33437					DO NOT WRITE IN THIS SPACE		
Boy	nton Be	exh, 7	/ 3340/		Date Incorporated or Qualifed		
2. Principal F	lace of Business	, 2a	. Mailing Address	· Oal	4. FEI Number		Applied For
21 //49	18 VICTORI	117 (IRC 26	11498. VICIOR	MA LIRCIE			Not Applicable
Suite, Apt.	. #, etc.	-	Suite, Apt. #, etc.		5. Certificate of Status Desired		75 Additional e Required
City & Sta	te Beach	7/ 27	-Sity & State Boll Non 186	excl E/	6. Election Campaign Financing	\$5.	<b>00</b> May Be
23 1004	NTON Beach	7 // 28	700	Country	Trust Fund Contribution		led to Fees
24 334	$\frac{37}{25}P_{A}$	M Beath 29	37437 3	∹フ. だ. コノの シ. l	<ul><li>8. This corporation owes the current year</li><li>Personal Property Tax.</li></ul>	Triangible	□No
<u>۳۰ می ۲۰</u>	9. Name and Addre	· /- /		11/1	10. Name and Address of New Register	ed Agent	
1.1	NIGENCE		M	81 Name			
Ца	NICH	1010	· · •	82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
_	~ ./	FLORID	Δ				
m	camp	TIOK 12	77	83			
				84 City	F	L     _	Zip Code
11. Pursuant	to the provisions of Sect	ions 607,0502 and 6	607,1508, Florida Statutes,	the above-named corporatio	oration submits this statement for the purpose n's board of directors. I hereby accept the ap	of changing pointment a	g its registered is registered
agent. I a	m familiar with, and acce	ept the obligations of	, Section 607.0505, Florid	a Statutes.	Jaula	2	
SIGNATURE	Signature, typed of printed name	neen	tandonble (NOTE Re	egistered Agent signature required	when reinstating)		
12.	_ <del></del>	FFICERS AND DIRI		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTORS IN 12
TITLE	MOLOR	FALChook	DELETE	1.1 TITLE		☐ Cha	nge
NAME	11490 /	TOPIA	COCIE	1.2 NAME			
STREET ADDRESS	Day Ti	1200	1 7 DZ437	1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	Daynion	10CACI	1 F 3010/	1.4 CITY-ST-ZIP		☐ Cha	nge Addition
NAME	HEIEN F	alchool.	MAJE JEC.	2.2 NAME			
STREET ADDRESS	21448 11	CIPKIN	1	2.3 STREET ADDRESS			
CITY-ST-ZIP	Bathion	Beach?	97437	2.4 CITY-ST-ZIP			
TITLE			DELETE	3.1 TITLE		☐ Cha	nge
-NAME				3.2 NAME			-
STREET ADDRESS	3			3.3 STREET ADDRESS			
CITY-ST-ZIP	<del>                                     </del>		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Cha	nge
NAME				4.2 NAME			
STREET ADDRESS	3			4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		_	☐ DELETE	5 1 TITLE		☐ Cha	nge
NAME				5.2 NAME			
STREET ADDRESS	5			5.3 STREET ADDRESS 5.4 City-St-Zip			
CITY-ST-ZIP TITLE			☐ DELETE	6.1 TITLE		☐ Cha	nge Addition
NAME				6.2 NAME		_	
STREET ADDRESS	s			6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 C/TY-ST-ZIP			
indicated	I an this applied report or	eunniamental annua	l report is true and accurat	te and that my signature	ection 119.07(3)(i), Florida Statutes. I further shall have the same legal effect as if made u	nder dath: i	matiam an
officer or	airector of the corporation	on or the receiver or	trustee empowered to exe with an address, with all of	cute this report as requir	ed by Chapter 607, Florida Statutes; and tha	city dame	appears III

WY EYUV - JULELSON - YJES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: