PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT #



H02683

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
 DIVISION OF CORPORATIONS

FILED Mar 23, 1999 8:00 am Secretary of State

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| | Place of Business | Mailing Address | | | | | | | |
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| US | HOH FL 33463 | US | | | | DO NOT WE | ITE IN THIS | SPACE | |
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| 1 | | | | | | <u>12/1984</u> | | | |
| : | al Place of Business | 2a. Mailing Address | _ | 1 | 4. FEIN | | | | plied For |
| 21 341 | Oregon lane | 26 341 Ore | gon_ | cone | 59-2 | <u>4115</u> 91 | | | t Applicable |
| 22 Suite, 7 | Apt. #; etc. U | Suite, Apt. #, etc. | | | 5. Certif | cate of Status Desired | | \$8.75 A Fee Re | |
| City & | State D D Co | City & State | 0 | a | | on Campaign Financing | | \$5.00 | |
| | oca-Radon, A | 20 12 | ten. | ۳ | | Fund Contribution | | Added to | o Fees |
| Zip | Country | Zip 33487 | Count | USA | _ 1 | corporation owes the cu | rrent year Int | tangible □ Yes | ĽªNo I |
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| <u> </u> | 9. Name and Address of Current | Registered Agent | <u>_</u> | 1 Name | IV. Nam | and Address of New | Registered | | |
| P | PULS, SUSAN M.D. | | · [_ | | | | | | |
| | 56 ALLAMANDA DR | | 8 | | | ox Number is Not Accep | | | |
| | DELRAY BEACH FL 33483 | | 8 | 13 | 11 01 | Jore and | <u>-</u> | | |
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| 44 Duren | ant to the provisions of Sections 607.0502 | and 607.1508. Florida Statute | es, the abo | ve-named : | corporation subn | nits this statement for th | e purpose or | changing its | registered |
| l office | or registered agent, or both, in the State of | f Florida. Such change was at | uthorized b | v the corpo | oration's board of | directors. I hereby according | ept the appo | ıntment as reg | gistered i |
| l office | or registered agent, or both, in the State of I am familiar with, and accept the obligation | f Florida. Such change was at | uthorized b | v the corpo | oration's board of | directors. I hereby acco | ept tne appo | ınunent as reç | gistered |
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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 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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561,994,3553

Daytime Pho

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