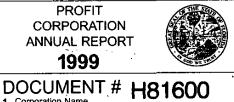
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Jan 23, 1999 8:00 am Secretary of State

01-23-1999 90064 029 ***150.00

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	Totalin mo				F LEWIS BALL AND LANGUE BURNER B	OM BON BIEN ÖLDIR EL		111 1 11 11 11 11 11 11 11 11 11 11 11 11 11
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Principal Plac	e of Business	Mailing Address				0121 08 21 014 12 01621 0		
	g area	200 KNUTH RD						
200 KNUTH RE Suite 212		SUITE 212						
BOYNTON BEA	CH FL 33436	BOYNTON BEACH FL 33430	6			ITE IN THIS SPA	CE	· ———
US		U\$			3. Date Incorporated or Qualifed			
	;				10/21/1985	* *	, ,	·
2. Principal P	Place of Business	2a. Mailing Address	_		4, FEI Number			lied For
21	· · · · · · · · · · · · · · · · · · ·	26			59-2590734		1	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	8.75 A	
22		27	_				Fee Rec	
City & Stat	te v'	City & State			6. Election Campaign Financing		\$5.00 ı	
23	<u> </u>	28		 	Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the cur			
24	25		30		Personal Property Tax.			□No
	9. Name and Address of Current			04 Na	10. Name and Address of New	Registered Age	nt	
1,457	COL PURTON		'	81 Name				.
	SCH, BURTON GOLDEN HARBOUR DR		la la	B2 Street Add	fress (P.O. Box Number is Not Accept	table)		
	CA RATON FL 33432		Ļ	••			1. 4 . A.	
800	A HATUN FL 33432		1	83			温温度	
	,		la la	B4 City		8	5 Zip C	ode
ington para non a tem		**				· FL [
11. Pürsuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	es, the about	ove-named com	poration submits this statement for the	 purpose of char of the appointment 	nging its a	registered iistered
oπice or i ∋િ agentil a	to the provisions of Sections 607.0502 register enagent, or both, in the State of am labeling work, and companies obligat	ions of, Section 607.0505, Flor	rida Statut	es.	ion's board of directors. Thorody adde	pe and appointme	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
*								
		•			•			
SIGNATURE	Mature, typed or printed name of registered agent	1 and title if applicable. (NOTE:	: Registered A	gent signature require	red when reinstating)	DATE	•	_ .]
SIGNATURE	Chature, typed or printed name of registered agen OFFICERS AN	t and title if applicable. (NOTE:	Registered A	gent signature require	red when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AND D	IRECTO	RS IN 12
SIGNATURE	OFFICERS AN	1 and title if applicable. (NOTE:	13.	gent signature requir	red when reinstating)	DATE FFICERS AND D	•	_ .]
SIGNATURE	OFFICERS AND STEINER, ROBERT	t and title if applicable. (NOTE:	13. 1.1 TITL 1.2 NAM	gent signature require	red when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AND D	IRECTO	RS IN 12
SIGNATURE 12. TITLE	OFFICERS AND PD STEINER, ROBERT 5285 BROOKVIEW DR	t and title if applicable. (NOTE:	13. 1.1 TITL 1.2 NAM	gent signature requir	red when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AND D	IRECTO	RS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS	PD STEINER, ROBERT 5285 BROOKVIEW DR BOYNTON BEACH FL SD	t and title if applicable. (NOTE:	13. 1.1 TITL 1.2 NAM 1.3 STR	E KE EEET ADDRESS (-ST-ZIP	red when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AND D	IRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEINER, ROBERT 5285 BROOKVIEW DR BOYNTON BEACH FL SD METSCH, BURTON	a and title if applicable. (NOTE: D DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY	E E E E E E E F F F F F F E E	red when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AND D	IRECTOI Change	RS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD STEINER, ROBERT 5285 BROOKVIEW DR BOYNTON BEACH FL SD METSCH, BURTON 571 GOLDEN HARBOUR DR BOCA RATON FL 33432	a and title if applicable. (NOTE: D DIRECTORS DELETE	13. 1.1 TITL 12 NAM 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR	E #E #E #E #E #E #E #E #E #E	red when reinstating) ADDITIONS/CHANGES TO O	DATE	IRECTOI Change	RS IN 12
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CITY-ST-ZIP 14. I hereby certify that the information Supplied with this filling 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 of 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 of the receiver or fustee 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 on an attachment with an address, with all other like empowered.