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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # .110837**

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90054 015 ***150.00

| 1. Corporation | n Name | 01000 | , | | | | | | | | | | |
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| ннм. і | INC | | | | | | | | | | | | |
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| D | (12 | _ | | 4-iling Address | | | | | | LI IUDI OIDII O | HAIR DIREI BIRII | BIBLI BIBLI IBBL | |
| Principal Place | | 5 | | Mailing Address | | | | | • | | | | |
| 1240 S. DIXIE HWY E. 1240 S. DIXIE HWY E. | | | | | | | | | | | | | |
| POMPANO BEA | CH FL 33060 | 1 | PC | OMPANO BEACH I | FC 33060 | | | | DO NOT WRIT | E IN THIS | SPACE | • | |
| | | | | | | | | | 3. Date Incorporated or Qualifed | | | | |
| } | | | | | | | | ı | 04/21/1986 | | | | 1 |
| Principal Place of Business 2a. Mailing Address | | | | | is . | | | | 4. FEI Number | | . A | pplied For | 1 |
| 21 | | | | 26 | | | | | 59-2702301 | | N | ot Applicable | 1 |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | | | \$8.75 | Additional | 1 |
| 22 | | | | 27 | | | | | 5. Certifcate of Status Desired | | Fee F | tequired | 1 |
| City & State | te | _ | - 1 | City & State | | | | | 6. Election Campaign Financing | _ | \$5.00 | May Be | |
| 23 | | | 28 | | | | | - | Trust Fund Contribution | | Added | to Fees | |
| Zip | • | Country | | Zip Country | | | 1 | | 8. This corporation owes the current year Intangible | | | | |
| 24 | | 25 | 29 | | 30 | | | | Personal Property Tax. | | Yes | □No | |
| | | and Address of Cu | urrent Regi | stered Agent | | | | | 10. Name and Address of New F | egistered | Agent | | ļ |
| | | | | | | 81 | Name | | | | • | | |
| | | DUGLAS A. | | | | 82 | Street / | Addres | ss (P.O. Box Number is Not Accepta | bie) | | - | |
| C&S BANK BUILDING SUITE 1611 | | | 11 | | | | | | | | | | |
| ONE FINANCIAL PLAZA | | | | | | | | | | | | | |
| FT. L | LAUDERDA | LE FL 33394 | | | | 84 | City | | | | 85 Zip | Code | 1 |
| | | | | | | | | | | FL | . | | 1 |
| 11. Pursuant | to the provis | ions of Sections 607 | 7.0502 and (| 607.1508, Florida | Statutes, th | ne above | e-named o | corpor | ation submits this statement for the | purpose of | changing it | s registered | 1 |
| office or re | registered ag ım familiar wi | ent, or both, in the S ith, and accept the o | State of Flori obligations o | ida. Such change | was author | ized by | the corpo | oration | 's board of directors. I hereby accep | it tine appoi | muncin as i | egistered | |
| | | | | n, occuon cor.co | vo, riolida a | otatutes | | | | | | | } |
| - | | , | 3 | n, Occion 007.00 | oo, rionda e | Statutes | | | | | | | } |
| SIGNATURE | | or printed name of registere | ed agent and title | e if applicable. | (NOTE: Regis | stered Ager | - | equired v | when reinstating) | DATE | ID DIDECT | | } |
| SIGNATURE | Signature, typed | or printed name of registere | | e if applicable. ECTORS | (NOTE: Regis | stered Agen | - | equired v | when reinstating) ADDITIONS/CHANGES TO OF | | | | } |
| SIGNATURE 12. TITLE | Signature, typed | or printed name of registere OFFICER | ed agent and title | e if applicable. | (NOTE: Regis | 13. | - | equired v | | | ND DIRECT | | |
| SIGNATURE | PD RUPP, HE | OFFICER | ed agent and title | e if applicable. ECTORS | (NOTE: Regis | 13. 1.1 TITLE | nt signature re | equired v | | | | | |
| SIGNATURE 12. TITLE | PD RUPP, HE 1240 S. [| OFFICER EINRICH F. DIXIE HWY E. | ed agent and title | e if applicable. ECTORS | (NOTE: Regis | 13. 1.1 TITLE | - | equired v | | | | | |
| SIGNATURE 12. TITLE NAME | PD RUPP, HE 1240 S. [| OFFICER | ed agent and title | e if applicable. ECTORS | (NOTE: Regis | 13. 1.1 TITLE 1.2 NAME 1.3 STREET | nt signature re | equired v | | | ☐ Change | Addition | |
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CITY-ST-ZIP 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: