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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business Mailing Address 4506 NORTH UNIVERSITY DR LAUDERHILL FL 33321 US DO NOT WRITE IN THIS SPACE	41417 47411 1441
LAUDERHILL FL 33321 LAUDERHILL FL 33321	
DO MOT MIDITE IN THE OPAGE	
AS I DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualifed	
12/04/1986	
Z, Timepart too or over the control of the control	oplied For
21 20 20 20 20 20 20 20 20 20 20 20 20 20	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Re	
City & State City & State 6. Election Campaign Financing \$5.00	
25	to Fees
Zip Country Zip Country 8. This corporation owes the current year Intangible	□No
24 25 29 30 Personal Property Tax. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
9, Name and Address of Current Registered Agent 81 Name	
TOLAND, HOWARD S.	
110 E. BROWARD BLVD. 82 Street Address (P.O. Box Number is Not Acceptable)	

SUITE 650	
FORT LAUDERDALE FL 33301	
FORT LAUDERDALE FL 33301 84 City FL 85 Zip C	Code
• FORT LAUDERDALE FL 33301 84 City FL 85 Zip 0 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	registered
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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.

6.4 CITY-ST-ZIP

STREET ADDRESS