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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # J54442**

1, Corporation	on Name			į.	
PAIME	EACH ROAMER, INC.			ì	
1 ALIVI, U	LACT TOAMLU, INC.				<b></b>
Principal Plac	ce of Business	Mailing Address			BIK BIBIK BIBIK BIBIK BIBIK BIBIK IBBI
1400 CENTREF	PARK RIVD	1400 CENTREPARK BLVD			
SUITE 909		SUITE 909			
WEST PALM B	ICH FL 33401	WEST PALM BCH FL 33401		. DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualified	,
				01/26/1987	,
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2794399	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	·	27		5. Certifcate of Status Desired	Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip ·	Country	Zip	Country	8. This corporation owes the current year	
24	25	— · -	30	Personal Property Tax.	Yes No
	9. Name and Address of Current			10. Name and Address of New Register	
	in the state of th		81 Name	10. Name and Address of New Hegister	ou rigoni
BAIL	LEY, ESQ., F. LEE				
	D CENTREPARK BLVD		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	TE 909		-	But the second parties of the second parties	A
	ALM BCH FL 33406	-	83		
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ALM BOTT I COTTO		84 City	्रात्ति कार्यस्य चन्त्रा चार्यस्य स्थापना स्यापना स्थापना स्थापन स्थापन स्थापन स्थापना स्थापना स्थापना स्थापन	- 85 Zip Code
ومار داما دخوام المهاويون	والمعارب المغربون		1 1 1	<b>F</b>	• <b>!</b>   '
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named corp	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered
	im familiar with, and accept the obligati			on's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE					
0.010.10	Stgnature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature require	d when reinstating) 17,000 DATE	•
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	16477573	☐ Change ☐ Addition
NAME	BAILEY, ESO., F. LEE		1.2 NAME	7 77 72 74 75	
STREET ADDRESS	1400 CENTREPARK BLVD		/ 12 / W STILE		
CITY-ST-ZIP	W PALM BCH FL		1.3 STREET ADDRESS		
TITLE			1.3 STREET ADDRESS		
	VI TABLE COLLECTION	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	V- 1144	☐ Change ☐ Addition
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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 tips empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

TURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-99

**FILED** 

Feb 02, 1999 8:00am

**Secretary of State** 

02-02-1999 90018 048 \*\*\*150.00

Daytime Phone #

CR2F034 (11/98)