## 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 # **J78794** 1, Corporation Name

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

03-10-1999 90156 014 \*\*\*150.00

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Principal Place		Mailing Address			
415 PINEDA CT STE A	•	PO BOX 410196 MELBOURNE FL 32941			
MELBOURNE FI	L 32940	US		DO NOT WRITE IN THI	S SPACE
US				3. Date Incorporated or Qualifed	
				06/18/1987	
2. Principal Pl	lace of Business	2aMailing Address		4. FEI Number	Applied For
21		26 POBOY C	411389	59-2840434	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5 Certificate of Status Desired	\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & State	e	City & State	\ <del>-</del> /	6. Election Campaign Financing	\$5.00 May Be
23		28 Mel Daur	ie FC	Trust Fund Contribution	Added to Fees
Zip	Country	Zip - O ( )	Country	8. This corporation owes the current year I	ntangible
24	25	293244 B	$\frac{1}{100}$ USA	Personal Property Tax.	☐ Yes ☑No
'	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Registere	d Agent
0.5	00 151111050		81 Name		İ
CLERC JEAN-YVES		82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
1800 W HIBISCUS BLVD			Oli doli i ladi		
STE			83		
MEL	BOURNE FL 32901		04 00		85 Zip Code
			84 City	F	L 85 Zip Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purpose	of changing its registered
office or n	egistered agent, or both, in the State	of Florida. Such change was au	thorized by the corporation	on's board of directors. I hereby accept the app	ointment as registered
4 1		tions of Continu CO7 DEGE Flori	da Statutoe		
agent. I a	m ramiliar with, and accept the obliga	itions of, Section 607.0505, Flori	da Statutes.		
agent, I a SIGNATURE		itions of, Section 607.0505, Flori	da Statutes. Registered Agent signature require		
agent. I a	Signature, typed or printed name of registered ager	itions of, Section 607.0505, Flori	da Statutes.		
agent. I a	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: F	da Statutes. Registered Agent signature require	d when reinstating) DATE	
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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 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 frustee 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:**