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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K11517

1. Corporation Name

| IHFSIA | NIE EMPLOYMENT AGENO | JY, INC. | | | | | | | |
|--|--|---|---|---|--|--|---|-----------------------------------|---|
| Principal Plac | ce of Business | Mailing Add | Irocc | | | | | HERN BRENT BUBBL BEBUL | |
| | | - | | | | | | | |
| 4442 INVERRA Bay 20 | INT BLVU | 4442 INVERRA BAY 20 | IARY BLVD | | | | | | |
| FORT LAUDERDALE FL 33319 FORT LAUDERDALE | | | ERDALE FL 3331 | L 33319 | | DO | NOT WRITE IN T | HIS SPACE | |
| US US | | | | . • | | 3. Date Incorporated o | r Qualifed | | |
| <u> </u> | · | | | | | 01/11/1988 | | | |
| ⊢ . | Place of Business | 2a. Mailing A | Address | ······································ | | 4. FEI Number | | Ap | plied For |
| 21 | | 26 | | | | 65-0022558 | | No | t Applicable |
| Suite, Apt. | #, etc. | Suite, Ap | pt. #, etc. | | • | 5. Certifcate of Status | Desired | \$8.75 | |
| 22 | | 27 | | | | 3. Common 5. States | Desirée 🗀 | Fee Re | equired |
| City & Star | te | City & St | tate | | | 6. Election Campaign I | - 11 | \$5.00 | |
| Zip | Country | 28 Zip | | O-umbn. | | Trust Fund Contribu | tion | Added t | to Fees |
| <u> </u> | Country | — <u> </u> | L. | Country | | 8. This corporation owe | • | | |
| 24 | 9. Name and Address of Curr | 29 29 Accept Acc | | 30 | | Personal Property T | | ed Acest | □No |
| | 7. Haille alle meerees et | ent registered Pag | BIIL | 81 | Name | 10. Name and Address | 201 MAM WARISTAI | ea Ayent | |
| UTE | R, LARNIEVE | | | | | <u></u> | | | |
| | 2 INVERRARY BLVD. | | | 82 | Street Addre | ess (P.O. Box Number is N | ot Acceptable) | | |
| BAY | | | | 83 | | | 1, 1, 2, 2, 2, 2, 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, | diadili merici | 10 15 25 25 2 1 3 2 2 5 1 |
| LALI | IDERDALE FL 33319 | | | " | | | 可透性菌苗 | | |
| 1 1 | | | | 84 | City | * ** | , s | 85 Zip (| Code |
| 1 150 | | | | | | | | " L _ | |
| -113 - 105- | to the provisions of Sections 607.0 | 1502 and 607 1508 F | Elorida Statutes | the above | camed corpo | estion cubmits this stateme | ant for the number | of observing ite | mintarnal |
| -113 - 105- | to the provisions of Sections 607.0 registered agent, or both, in the Star | 1502 and 607.1508, F te of Florida. Such cl | Florida Statutes hange was aut | s, the above thorized by t | named corporation | oration submits this statemen's board of directors. I her | ent for the purpose reby accept the ap | e of changing its pointment as re | registered gistered |
| 11. Pursuant | to the provisions of Sections 607.0 registered agent, or bott, in the Starm familia with, and accept the bli | 0502 and 607.1508, Finte of Florida. Such cligations of Section 6 | Florida Statutes hange was auti 307.0505 Florid | s, the above thorized by t da Statutes. | -named corpor he corporation | oration submits this statement's board of directors. I her | ent for the purpose reby accept the ap | e of changing its pointment as re | registered gistered |
| -113 - 105- | _ Carnew V. | au | YIU | V. | | | | 14.99 | registered gistered |
| 11. Pursuant | Signature, typed or printed name of registered a | au | YIU | V. | -named corporation he corporation signature required | when reinstating) | /- , | 14.49 | |
| 11. Pursuant office or r cetagent l'a | Signature, typed or printed name of registered a | agent and title if applicable. AND DIRECTORS | YIU | V . Registered Agent | | when reinstating) C.C.S. ADDITIONS/CHANGE | /- , | 14.49 | |
| 11: Pursuant office or no signature SIGNATURE 12. | Signature, typed or printed name of registered a OFFICERS | agent and title if applicable. AND DIRECTORS | (NOTE: R | Registered Agent | | when reinstating) CHANGE | /- , | AND DIRECTO | RS IN 12 |
| 11: Pursuant Soffice or r Signature 12. | Signature, typed or printed name of registered a OFFICERS / | agent and title if applicable. AND DIRECTORS | (NOTE: R | Registered Agent 13. 1.1 TITLE | signature required v | when reinstating) C.C.S. ADDITIONS/CHANGE | /- , | AND DIRECTO | RS IN 12 |
| 11. Pursuant office or recognition of agent. I'a SIGNATURE 12. TITLE | Signature, typed or printed name of registered a OFFICERS A D UTER, LARNIEVE | agent and title if applicable. AND DIRECTORS | (NOTE: R | Registered Agent 13. 1.1 TITLE 1.2 NAME | signature required v | when reinstating) C.C.S. ADDITIONS/CHANGE | /- , | AND DIRECTO | RS IN 12 |
| 11. Pursuant 11. Pursuant 15. office or r 10. agent. Ifa 25. SIGNATURE 12. TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered a OFFICERS / D UTER, LARNIEVE 4442 INVERRARY BLVD. BA | agent and title if applicable. AND DIRECTORS | (NOTE: R | Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET | signature required v | when reinstating) C.C.S. ADDITIONS/CHANGE | /- , | AND DIRECTO | RS IN 12 |
| 11. Pursuant office or recognition of agent. If a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered a OFFICERS / D UTER, LARNIEVE 4442 INVERRARY BLVD. BA | agent and title if applicable. AND DIRECTORS | (NOTE: R | Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST- | signature required v | when reinstating) C.C.S. ADDITIONS/CHANGE | /- , | AND DIRECTO Change | RS IN 12 |
| 11. Pursuant 11. Pursuant 15. office or r 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Signature, typed or printed name of registered a OFFICERS / D UTER, LARNIEVE 4442 INVERRARY BLVD. BA | agent and title if applicable. AND DIRECTORS | (NOTE: R | Tegistered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST- 2.1 TITLE | ADDRESS | when reinstating) C.C.S. ADDITIONS/CHANGE | /- , | AND DIRECTO Change | RS IN 12 |
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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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED

Feb 03, 1999 8:00am

Secretary of State

02-03-1999 90027 031 ***150.00