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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K14210

1, Corporation Name

STREET ADDRESS

CITY-ST-ZIP

Palm Bi	EACH FO	rwarding inte	RNATIO	VAL, INC.							
Principal Place	e of Business	s	Maili	ing Address				1 19819111 831 11911 819	R finst 1404 shit	BIRLI ALBIK BIRLI ALDI	1 018)1 01911 1901
15053 PALM WOOD ROAD P.O. BOX 30964 PALM BEACH GARDENS FL 33420 PALM BEACH GARDENS FL US US					L 33420			DO NO	T WRITE IN	THIS SPACE	
								3. Date Incorporated or C	ualifed		
								02/04/1988			
2. Principal Pl	lace of Busin	ness	2a. N	Mailing Address				4. FEI Number			pplied For
21			26					65-0030029			lot Applicable
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certifcate of Status De	sired 🗌		Additional Required
City & State				City & State				6. Election Campaign Fin	ancing	\$5.00	May Be
23			28					Trust Fund Contribution	<u></u>	Addeg	I to Fees
Zip		Country	Z	ip.	Count	try		8. This corporation owes	he current ye		_/ \
24		25	29		30			Personal Property Tax	. Na B (- 4	Yes	<u>₽</u> %₀
	9. Name	and Address of Curre	ent Registe	red Agent		31	Nama	10. Name and Address o	New Kegist	erea Agent	
വേ	IID RARRA	ARA I			,	''	Name				
Gould, Barbara L. 15053 Palm Wood Road						32	Street Addr	ess (P.O. Box Number is Not	Acceptable)		
PALI	M REACH (GARDENS FL 33420			1	33					
					1	34	City			FL 85 Zip	Code
office or re	egistered ag m familiar wi	ent, or both, in the State ith, and accept the oblig	e of Florida. pations of, S	. Such change was a	ithorizea i	บง เท	e corporation	oration submits this statement on's board of directors. I hereb	y accept the	арронинен аз	registered
SIGNATURE.	Signature, typed	o buuted bame of redistered so	Hauri Sauci skie il B	pplicable (NOTE	vedizioien u	Aniır s	a Auminia i adama	a mice i i puratorii di i sa fa	Villagia DA	8.99 TE	
12.	Signature, typed	OFFICERS A	ND.DIREC	TORS	13.	Agiir s	adumin indone	ADDITIONS/CHANGES	TO OFFICER	RS AND DIRECT	ORS 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE: 2