FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90144 030 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

Mailing Address 9000 SHERIDAN STREET

PEMBROKE PINES FL 33024

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # **K42766**

1. Corporation Name

Principal Flace of Business

PEMBROKE PINES FL 33024

9000 SHERIDAN STREET

MILDRED C. MARINER, P.A.

2. Principal Place of Business 2. Mailing Address 2. Side, Apt. #, etc.							11/02/	1988				
Suite, Apl. #, etc. Suite, Apl. #, etc. Suite, Apl. #, etc. Suite, Apl. #, etc. Suite Suite	2. Principal Pl	lace of Business		2a. Mailing Address			4. FEI Num	ber		Ap:	olied For	
Solite, Apl. #, etc. Suite, Apl. #, etc. Suite, Apl. #, etc. Suite Suite Status Desired \$8.75 / Additions Fee Required Suite Suite	11			26			65-011	8796		Not	t Applicable	
City & State Ci	Suite, Apt.	#, etc.								•		
Tous Trust "und Contribution Added 19 Fees	City & State	 e					6. Election	Campaign Financin	q	\$5.00	May Be	
Zip Country Zip Country Zip Country Zip Country Behavior a component on was the current year Interapble Person a Proposal Proposa	131						1 '	, ,			, ,	
Section Sect	Zip	Coun	try		Cou	Intry	8. This corp	oration owes the cu	rrent year In	tangible		
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NAME	CITY-ST-ZIP	PEMBROKE PINES	S FL		1.4 CI	TY-\$T-ZIP						
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CITY ST 710 # D.4 UHY-SI-ZIP												
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 (3)(i), Florida Statutes. I further certify that the ir formation supplied with this filing does not qualify for the exemption stated in Section 119.0 (3)(i), Florida Statutes.	CITY-ST-ZIP	and the short star to the	ting a	this filing doc t			action 110 07/3	N/i) Florida Statuta	e I further 20	rtify that the in	formation	
14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.0 (3/t), Florida Statutes. Filling that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.0 (3/t), Florida Statutes, Filling that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.0 (3/t), Florida Statutes, Filling that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.0 (3/t), Florida Statutes, Filling that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.0 (3/t), Florida Statutes, Filling that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.0 (3/t), Florida Statutes, Filling that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.0 (3/t), Florida Statutes, Filling that the information supplied in Section 1.19.0 (3/t), Florida Statutes, Filling that the information supplied in Section 1.19.0 (3/t), Florida Statutes, Filling that the information stated in Section 1.19.0 (3/t), Florida Statutes, Filling that the information information stated in Section 1.19.0 (3/t), Florida Statutes, Filling that the information in	indicated officer or	on this annual report : director of the corpora	or supplemental a ition or the receiv	annual report is true and ac er or trustee empowered to	curate and execute the	l that my signature his report as requir	shall have the	same legal effect as	s it made und	ier oatn: that i	ı am an	