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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # K67534

1999

## FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90051 042 \*\*\*150.00

	CORPORATION						
Principal Place	e of Business	Mailing Address		11.00	3 INDIALIS DED ALEST INDID DIERO INTER SIGN BIRDI	#1#16 #4B(1 0)01	II #1811 BI#II IBBI
C/O STEPHEN A. FREEMAN 520 BRICKELL KEY DRIVE. SUITE 305  C/O STEPHEN A. FREEMAN 520 BRICKELL KEY DRIVE. S			JITE 305		DO NOT WRITE IN THIS	S SPACE	
MIAMI FL 33131 MIAMI FL 33131					3. Date Incorporated or Qualifed	O OF MOL	
					02/22/1989		
2 Principal P	Place of Business	2a. Mailing Address			4. FEI Number	- /	Applied For
21 26		— ·			65-0100842	1	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75	Additional
22		27			5. Certifcate of Status Desired	Fee I	Required
City & Stat	te	City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Ir		
24	25	29 30	0		Personal Property Tax.	Yes	□No
	9. Name and Address of Currer	nt Registered Agent	81	Nome	10. Name and Address of New Registered	a Agent	
EDE	EMANI STEDUEN A		81	Name			
Freeman, Stephen A. 520 Brickell Key Drive			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	TE 305		02				
	MI FL 33131		83				
IAHVI			84	City	FI	85 Zij	p Code
			Ab b				its registered
11. Pursuant office or r	to the provisions of Sections 607.050 to the provisions of Sections 607.050 registered agent, or both, in the State	J2 and 607.1508, Florida Statutes, of Florida. Such change was auth	, the above norized by	the corporati	poration submits this statement for the purpose con's board of directors. I hereby accept the appo	ointment as	registered
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505, Florida	a Statutes				
SIGNATURE							ì
	Signature, typed or printed name of registered age				DATE		
40			<u> </u>	nt signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	TORS IN 12
12.	OFFICERS AN	ND DIRECTORS	13.	nt signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	
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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.

SIGNATURE: \_

Stephen A Freeman SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/99

(305) 374-3800