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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 27, 1999 8:00am

**Secretary of State** 

01-27-1999 90063 030 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # K73019**

<ol> <li>Corporation</li> </ol>					1		
ORGANIZ	ATIONAL RESOURCES, IN	IC.			4 (88) WOLF STORE HELD BOOK (1878 1871 \$181) #	(8)( 8)8() 8)8() 8(8)	N #1811 1881
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Principal Place	of Business	Mailing Address					
8549 SURREY LANE		8549 SURREY LANE BOCA RATON FL 33496					
BOCA RATON FL 33496		US			DO NOT WRITE IN THIS	SPACE	<del></del>
US				•	3. Date Incorporated or Qualifed		}
				· .	03/14/1989	Appli	ied For
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	<del></del>	Applicable
21		26			65-0113156	\$8.75 Ad	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.	•	•	5. Certifcate of Status Desired	Fee Requ	
22		City & State		<del></del>	6. Election Campaign Financing	\$5.00 M	lay Be
City & State	3	28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Соц	ntry	8. This corporation owes the current year In	tangible	ا ا
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered	Agent	·
		:1		81 Name			
RASI	KIN, KATHLEEN COTY	€1		82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
	SURREY LANE	71	•		73 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1001 (20	8 8 3 E
BOC	A RATON FL 33496			83	· · · · · · · · · · · · · · · · · · ·	推销机器	<u> </u>
	•	•		84 City		85 Zip Co	ode```
11, Pursuant	to the provisions of Sections 607.056 egistered agent, or both, in the State	02 and 607.1508, Florida Sta e of Florida. Such change war ations of Section 607.0505.	tutes, the a s authorized Florida Stat	bove-named co by the corpora utes.	prporation submits this statement for the purpose of ation's board of directors. I hereby accept the appointment of the purpose of the purpos	of changing its regi	egistered istered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505,	Florida Stat	utes.	uired when reinstating) DATE		·
agent. I a	m familiar with, and accept the obligations of the obligation of t	ations of, Section 607.0505,	Florida Stat	utes.		ND DIRECTOR	RS IN 12
agent. I a	m familiar with, and accept the obligations of the obligation of t	ations of, Section 607.0505, lent and title if applicable. (No	Florida Stat	utes.  Agent signature requ	uired when reinstating) DATE		·
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SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI  D RASKIN, KATHLEEN COTY 8549 SURREY LANE	ations of, Section 607.0505, lent and title if applicable. (NI ND DIRECTORS	TE: Registered 13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 T	Agent signature required.  TLE  AME  TREET ADDRESS  ITY-ST-ZIP	uired when reinstating) DATE	ND DIRECTOR	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 a required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 inchanged by on an attachment with an address with all other like empowered.

SIGNATURE