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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1 00707

1. Corporation	VIEIV   # LU2/8/						
	ITERNATIONAL, INC.						
AA-D-I- II	HENNATIONAL, INC.				1 1880 1816 BY BEHIN HARE 1888 1891 1891 1891	I BAN BANKA BANKA BANKA BA	ALI OMBILLON
	•						
Principal Place	of Business	Mailing Address				I DET BENETT MENTE NEUET NE	<b>8</b> 11 <b>8</b> 1811 1881
•		11300 NW 131 ST					
11300 MW 131 : MEDLEY FL 331		MEDLEY FL 33178					
US US					DO NOT WRITE IN T	HIS SPACE	<del></del>
	,				3. Date Incorporated or Qualifed		
					07/14/1989		plied For
Principal Place of Business     2a. Mailing Address					4. FEI Number	<del> </del>	Applicable
		Suite, Apt. #, etc.			65-0134189	\$8.75 A	
Suite, Apr. #, cto.					5. Certifcate of Status Desired	Fee Re	
22 27 City & State City & State					6. Election Campaign Financing	\$5.00	May Be
					6. Election Campaign Financing	. Added to	
Zip			Country 8. This corporation owes the current		ar Intangible		
24	25	'	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre				10. Name and Address of New Registe	red Agent	
	The state of the s		81	Name			
WRIGHT, FRED				Street Add	fress (P.O. Box Number is Not Acceptable)	·	
11300 NW 131 ST					the second of th		
MEDLEY FL 33178			83				
		•	84	City	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 ' 3 'C' 85 'Zin C	
	4.2					FL   S   Z	
					poration submits this statement for the purpo- tion's board of directors. I hereby accept the	se or changing its appointment as re	gistered
८८ agent. Ia	egistered agent, or both, in the State m familiar with, and accept the oblig	ations of, Section 607.0505, Flor	ida Statutes	).	•		
SIGNATURE					pad when reinstation) DA	re .	
	Signature, typed or printed name of registered ag		Registered Age	nt signature requir	red when reinstating) DA ADDITIONS/CHANGES TO OFFICER		RS IN 12
12.	P	ND DIRECTORS	1.1 TITLE		Applications and a second seco	Change	Addition
TITLE	WRIGHT, RONALD		1.2 NAME		, s		
NAME	11801 N.W. 101 ROAD, STE.	#3		TADORESS			
STREET ADDRESS	MEDLEY FL	#U	1.4 CITY-S				
CITY-ST-ZIP TITLE	VPD	☐ DELETE	2.1 TITLE			Change	Addition
NAME	WRIGHT, FRED		2.2 NAME				
STREET ADDRESS	11801 NW 101 RD. STE. #3		2.3 STREE	TADDRESS			
CITY-ST-ZIP	MEDLEY FL	•	2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME 3			3.2 NAME				
STREET ADDRESS			3.3 STREE	ET ADDRESS	The second of the second second		4 - 1 - 1 - 4 - 1
CITY-ST-ZIP		·	3.4. CITY-	ST-ZIP			
TITLE		☐ DELETÉ	4.1 TITLE			r : . ☐ Change :	:- [ Addition
NAME NAME IT	ಪ್ರ		4, 2 NAME				
STREET ADDRESS		4.	4.3 STREE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-5			☐ Change	Addition
TITLE	(	☐ DELETE	5.1 TITLE	1		☐ Cilaiige	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS	, j		1	ET ADDRESS	San Walt		
CITY-ST-ZIP		M per care	5.4 CITY-5			☐ Change	Addition
TITLE	「製造を含む」というでは、 「食食食は食べき」となっているものできます。	☐ DELETE	6.1 HILE			c.ia.igo	

CITY-ST-ZIP 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

**FILED** 

Jan 29, 1999 8:00am

**Secretary of State** 

01-29-1999 90028 042 \*\*\*150.00

CR2E034 (11/98)