PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # L03836



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90190 024 ***150.00

1191, IN	C						
	-						
							
Principal Place	e of Business	Mailing Address				•••	
1166 WEST NET	WPORT CENTER	1166 WEST NEWPORT CENTE	R				
SUITE 114 SUITE 114		2		DO NOT WRITE IN TH	S SPACE		
DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 US US		1 4		3. Date Incorporated or Qualifed			
03		00			07/20/1989		
2. Principal Place of Business 2a. Mailing Addres		2a. Mailing Address			4. FEI Number	A	pplied For
21 26				65-0148093		ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				_		Additional	
27		27			5. Certificate of Status Desired	Fee R	equired
City & State City & State		City & State			6. Election Campaign Financing		May Be
23 28		28			Trust Fund Contribution Added to Fees		
Zip Country Zip		Zip	Country		8. This corporation owes the current year I		
24	25	29 30)		Personal Property Tax:	Yes	□No
	9. Name and Address of Curren	nt Registered Agent		Norse	10. Name and Address of New Registere	a Agent	
VΔΠ	ING IAMES I		81	Name			
YOUNG, JAMES L. 1166 WEST NEWPORT CENTER			82	Street A	Address (P.O. Box Number is Not Acceptable)		
	E 114						
-	RFIELD BEACH FL 33442		83	ļ			
DEE	NFIELD BEACH FE 33442		84	City	, the part of the	85 Zip	Code.
		· · · · · · · · · · · · · · · · · · ·		L	<u> </u>		o registered
office or re	egistered agent or both in the State.	of Florida. Such change was auth	iorized by	the corpor	orporation submits this statement for the purpose cation's board of directors. I hereby accept the app	ointment as r	egistered
agent. I a	m familiar with, and accept the obliga	tions of Section 607.0505, Florida	a Statutes				j.
				•			
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable. (NOTE: Re	egistered Agen		quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	ND DIRECT	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	egistered Agen		Quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND 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.