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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # 105788



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90169 025 ***150.00

1. Corporatio	n Name	L001 (00												
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DAVIE FL 33325 DAVIE FL 33325								DO NOT WRITE IN THIS SPACE							
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										07/31/1989				.,	
Principal Place of Business Address Address					y Address				1	FEI Number			_		lied For
				26					<u> </u>	<u>65-0135129</u>					Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.				5.	Certifcate of Status Des	ired		•		dditional
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Zip		Country		28 Zip		Count	'rv			Trust Fund Contribution				ided to	rees
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24	9. Name	and Address of C			gent	1301				Name and Address of	New R	eaistered		·	
				3		8	11 1	Name				<u> </u>	1.50		
BAR	ROW, TER	RY				L	\perp			<u> </u>					
16251 GOLF CLUB RD., APT. 306					8	2 8	Street Addres	ess (P.	O. Box Number is Not A	Acceptal	ble)		•		
FT L	AUDERDA	LE FL FL 33326				8	3								
						8	4 (City				FI	85	Zip Co	ode
11. Pursuant	to the provis	sions of Sections 607	7 0502 an	nd 607 1508	Florida Statut		,,,,	named cornor	ration	submits this statement t	for the r	purpose of	- changi	na its r	egistered
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office or r	egistered ag	sions of Sections 607 gent, or both, in the S	State of FI	lorida. Such	change was a	es, the about uthorized b	y the	e corporation	n's boa	ard of directors. I hereby	accept	t the appo	intment	as regi	Istered
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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:

SIGNATURE AND TYPED OR PRINTED NAME OR SIGNING OFFICER OR DIRECTOR

2-8-99

957/3898914 Daytime Phone #

CROEDSA