

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # **L07059** 1. Corporation Name

Principal 6555 NW	Place		Mailing Address 6555 NW 9TH AVE 412										
FI LAUDE	HUALE	E FL 33309	FT LAUDERDALE FL 33309					DO NOT WRITE IN THIS SPACE					
								ate Incorporated or 8/07/1989	Qualifed		•		
2. Princip	oal Pla	ace of Business	2a. Mailing Address				4. FI	El Number				Applied For	
1			26				5	<u>9-2964018</u>				Not Applicable	
Suite,	Apt. #	¥, etc.	Suite, Apt. #, etc.				5. C	ertifcate of Status D	esired		· · · · ·	Additional Required	
City &	Stațe)·	City & State	_ ~~	i		1	ection Campaign Frust Fund Contribut	-	_ ··		O⁻Maẏ̀Bē d to Fees	
Zip		Country	Zip	Cou	intry		8. TI	nis corporation owe	s the currer	nt year Inta	angible		
4		25	29	30				ersonal Property Ta			☐ Yes	ĽÍNo .	
		9. Name and Address of Current	t Registered Agent		<u>_</u> ,		10. N	ame and Address	of New Re	gistered /	Agent		
	17952	AUTH, MELVIN J. 2 FIELDBROOK CIRCLE A RATON FL 33496			81 82 83	Name Street Add	dress (P.O	. Box Number is Ne	ot Acceptab	le)			
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office	or re	o the provisions of Sections 607.0502	of Florida. Such change was au	itnonzed	זעסנ	City -named corthe corporat	rporation si	ubmits this statemed of directors. I her	nt for the p	FL urpose of the appoir	changing	p Code its registered registered	
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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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP.

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTER TAME OF SIGNING OFFICER OR DIRECTOR

DELETE

361-9200

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90036 049 ***150.00

Change

☐ Addition