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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L13182

Corporation Name

Principal Place C/O C. GLENN 4875 N. FEDER FT. LAUDERDAY 2. Principal Pl 21 Suite, Apt.	LEONATOS AL HWY TENTH FLOOR E FL 33308 ace of Business Glenn Leonard #, etc.	Mailing Address C/O C. GLENN LECNARDS 4875 N. FEDERAL HWY TENT FT. LAUDERDALE FL 33308 2a. Mailing Address 26 Suite, Apt. #, etc.	TH FLOOR	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/30/1989 4. FEI Number 65-0143106 S. Certificate of Status Desired \$8.75 Additional Fee Required
22 P.O. 6 City & State 23 Ft -		City & State 28 Zip	Country	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible
	= - 7	29 30	٠ -	Personal Property Tax.
24 333	g Name and Address of Current		<u>'</u>	10. Name and Address of New Registered Agent
LEONARD, C. GLENN 4875 N. FEDERAL HWY. 10TH FLOOR FT. LAUDERDALE FL 33308			83 84 City	Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or proted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE NAME STREET ADDRESS	D SMITH, ROBERT B. 1754 E. COMMERCIAL BLVD.	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP	FT. LAUDERDALE FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition
NAME STREET ADDRESS	D SMITH, FRANCES L. 1754 E. COMMERCIAL BLVD.		2.2 NAME 2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	Change Addition
NAME STREET AODRESS			3.2 NAME 3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME	-		4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	,
STREET ADDRESS			5.3 STREET ADDRESS	

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 angual 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attach legal with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6,3 STREET ADDRESS

6,4 CITY-ST-ZIP

6.1 TITLE

62 NAME

☐ DELETE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

Addition