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CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 20, 1999 8:00 am Secretary of State

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1. Corporation Name

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| Suite, Apt | t. #, etc. | | Suite, | , Apt. #, etc. | | | | 5. Certif | fcate of St | atus Desi | ben | | | Addition Requires | | |
| City & Sta | ate | | | & State | | | | 6. Electi | on Camp | aign Finan | scing | | \$5.0 | 0 May I | Be | - |
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| | 9, Name an | d Address of Current | Registered / | Agent | | | | 10. Name | e and Ad | dress of I | New Re | gistered | i Agent | | • | İ |
| DD4 | INC DANKS | | | | ļ | 81 | Name | | | - | | | | | | ł |
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| AAE: | st Palm Bead | OFFIC SOME | | | ŀ | 84 | City | | | | | | 85 Zij | Code | | |
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| 11. Pursuant | to the provision | s of Sections 607.0502 or both in the State of | 2 and 607.150 | s, Fiorica Statute | s, me ar | DOMB- | -namea com | ocanou enom | nts this sta | i bacebu | eccent f | irpose o | r changing i | ecistere | ad l | |
| | | s of Sections 607.0502 , or both, in the State of and accept the obligation | ions of, Section | n change was au in 607.0505, Flori | thorized da Statu | l by ti .tes. | he <i>c</i> orporation | on s board or | | . I III ODY | оссорі і | | a man | | _ | |
| SIGNATURE | | nnted name of registered agent | and tide of applicable | le. (NOTÉ: I | Registered / | | | d when minstating | i) | | | DATE | | | | (8) |
| SIGNATURE | Signature, typed or p | * | and tide of applicable | e (NOTE: I | Registered / | Agont : | | d when minstating | i) | | | DATE | ND DIRECT | ORS IN | 12 | 1/98) |
| SIGNATURE 12. | Signature, typed or p | nned name of registered agent a OFFICERS AND | and tide of applicable | le. (NOTÉ: I | 13. | Agont : | | d when minstating | i) | | | DATE | | ORS IN | | (11/98) |
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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.

6.4 CITY-ST-ZIP

C/TY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED WAKE OF SIGNING OFFICER OR DIRECTOR