PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 05, 1999 8:00 am Secretary of State

05-05-1999 90179 035 ***150.00

DOCUI 1. Corporation	MENT # L25656	5				
PAR ON					 	1)
						il
Principal Place of Business Mailing Address					I Inditible Std Hode Balls Brits date delt dien stein dent des dem den	и
501 BRICKELL I	KEY DR.	501 BRICKELL KEY DR				
509		509T MIAMI FL 33131-2611			DO NOT WRITE IN THIS SPACE	
MIAMI FL 33131 US		US			3. Date Incorporated or Qualifed	
1					10/26/1989	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For	
21		26			65-0161336 Not Applicabl	le
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired See Required	Ì
22		27 City 8 Overte				
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	İ
Zip	Country	Zip	Count		This corporation owes the current year Intangible	_
24	25	— ` ~	30	.,	Personal Property Tax.	
24	9. Name and Address of Curre		,,,		10. Name and Address of New Registered Agent	
		<u> </u>	8	1 Name	me	
DARRYL W. PARMENTER			8	2 Street	reet Address (P.O. Box Number is Not Acceptable)	
	Brickell Key Dr.		۱	2 3000	del Address (F.O. Dox Admoor is Not Acceptable)	
#509			8	3		
MIAMI FL 33131			8	4 City	y FL 85 Zip Code	
		00 1 007 1500 Florida Otatuta			med corporation submits this statement for the purpose of changing its registered	$\overline{}$
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was aut	thorized b	v the con	corporation's board of directors. I hereby accept the appointment as registered	•
SIGNATURE						- (
	Signature, typed or printed name of registered ag			ent signature	sture required when reinstating) DATE DATE DATE	\dashv
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	úon
TITLE	PTS DARRY M	C) percie	1.2 NAMI			
NAME	PARMENTER, DARRYL W 501 BRICKELL KEY DRIVE, SUITE 509		1.3 STREET ADDRESS		NESC	ł
STREET ADDRESS	MIAMI FL 33131		1,4 C/TY			(
CITY-ST-ZIP TITLE	DELETE		2.1 TITLE		☐ Change ☐ Additi	ion
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NAME			5.2 NAM) Total	
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LOTO CT 710	i		■ 3.4 C/11 Y	۲۵۱-۷۱۲	1	- 1

6.4 CITY-ST-ZIP 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 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 chapter 607 of an attachment with an address, with all other like empowered.

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ Change

☐ Addition

CR2E034 (11/98)