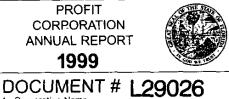
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

KEENAN L. POOLE, C.P.A., P.A.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90070 009 ***150.00

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Principal Place	of Business		Ma	ailing Addres	s								
7880 N. UNIVER	rsity dr.		786 100	90 N. UNIVER)	SITY DR.					•			
TAMARAC FL 33321				TAMARAC FL 33321					DO NOT WRITE IN THIS SPACE				
US US									1 -	Date Incorporated or Qualifed 11/13/1989	1		{
2 Dringing Di	lace of Busines		2a.	Mailing Add	lress					FEI Number		I Ap	plied For
 1	lace of busines		26					1	65-0157083			t Applicable	
Suite, Apt.	# etc		Suite, Apt. #, etc.					T-			\$8.75		
22		27	27					5. Certificate of Status Desired Fee Required					
City & State	e		City & State					6.	Election Campaign Financing		\$5.00		
23				28					╁—	Trust Fund Contribution		Added t	o Fees
Zip		Country	ļ.,				untry			This corporation owes the cu	rent year Int		□No
24	25		29	29 30						Personal Property Tax.	Danistanal		LINO
	9. Name ar	nd Address of Cu	rrent Regis	stered Agent	<u> </u>		T		10.	Name and Address of New	Registered	Agent	
noo	IE VEENIAM					Ì	81	Name		•			ļ
	LE, KEENAN					f	82	Street Addre	ss (P	O. Box Number is Not Accep	table)	410	
210 UNIVERSITY DRIVE SUITE 806								7880	<u>N</u> .	"MUMERSIA	1 BR	410	9
_		EL 00074				1	83						1
CORAL SPRINGS FL 33071						Ì	84	City A-01	14.			85 Zip (3)	Code
							1	City AM	HYC	V+C	<u>FL</u>	. ජිජ	32/
office or r	anietorad anan	is of Sections 607. t, or both, in the St and accept the ob	ate of Florid	da Such cha	nge was auth	onzed	DV t	ne comoration	n's bo	n submits this statement for the oard of directors. I hereby according	ept the appoi	ntment as re	gistered
			•										[
SIGNATURE	Signature, typed or	printed name of registered	agent and title	if applicable	(NOTE: Re	gistered /	Agent	signature required			DATE		
12.	OFFICERS AND DIRECTORS						13.			ADDITIONS/CHANGES TO O	FFICERS AN		RS IN 12 Addition
TITLE	P			L	DELETE	1.1 TITI	E					Change	☐ Addition [
NAME	POOLE, KE					1.2 NA	ME)					}
STREET ADDRESS		iversity dr. #	100	13			13 STREET ADDRESS						
CITY-ST-ZIP	TAMARAC I	<u> </u>					1.4 CITY-ST-ZIP						
TITLE !					DELETE	2.1 TITI	LΕ					Change	☐ Addition (
NAME						2.2 NAJ	ME						
STREET ADDRESS				2.3 5			2.3 STREET ADDRESS -			ويت معوده أرارا للمستعملة بأمري والأ	دسپ	-يىت-	·
CITY-ST-ZIP		<u>.</u>	•	2. 4 CITY-ST-ZIP									
TITLE					DELETE	3.1 TIT	LF					Change	☐ Addition
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STREET ADDRESS						3.3 STF	REET	ADDRESS					J
CITY-ST-ZIP						3.4. CII	TY-ST	T- ZIP					
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NAME						4. 2 NA	ME			. •			ſ
STREET ADDRESS						4.3 STF	REET	ADDRESS					
CITY-ST-ZIP	ì					4.4 CIT	Y-ST	-ZIP					
TITLE					DELETE	5.1 TIT	LE		_			Change	☐ Addition
NAME						5.2 NA	ME	ļ			,		
STREET ADDRESS						5.3 STF	REET	ADDRESS					
CITY-ST-ZIP						5,4 CIT	Y-ST	r-ZIP					
TITLE					DELETE	6.1 TIT	LE	-				Change	☐ Addition
NAME.	· .					6.2 NA	ME	,					}
STREET ADDRESS		,				6.3 STF	REET	ADDRESS		•			Ì
OTHER MONITOR	İ												i i

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: