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PROFIT CORPORATION ANNUAL REPORT 1999

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90136 019 ***150.00

	pration Name					
MICH	HAEL K. FISH C.P.A., P.A.					
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1		•	•			
Principal	Place of Business	Mailing Address			1111 BIBIL BIBIL BIBIL	61611 61611 1461
7700 N. K	(ENDALL DR.	7700 N. KENDALL DR.			•	
501		501		DO NOT WRITE	IN THIS STACE	
MIAMI FL	133156 MIAMI FL 33156			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
US		05	. —	01/10/1990		•
2 5	ipal Place of Business	2a. Mailing Address		4. FEI Number		oplied For
	ipai Place of Business i	<u> </u>		65-0168167		ot Applicable
21 Suite	! `Apt. #, etc.	Suite, Apt. #, etc.	•		\$8.75	Additional
22	, Apr. #, etc.	27		5. Certifcate of Status Desired		equired
	k State	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	8. This corporation owes the current	year Intangible	
24	25	29	30	Personal Property Tax.	X Yes	□No
1	9. Name and Address of Current			10. Name and Address of New Reg	istered Agent	
			81 Name	•	ř	
1	FISH, MICHAEL K.		82 Street Add	dress (P.O. Box Number is Not Acceptable	<u>;)</u>	
	SUITE 501		7700	7700 N. Kend All DIR		
	MIAMI FL 33156		83	1.0 5-1		
			84 City 7	JPE 50/	85 Zip	Code
	{ !			iami _	- FL 1,35	31.56
11. Purs	suant to the provisions of Sections 607.0502 e or registered agent, or both, in the State of	2 and 607.1508, Florida Statute	s, the above-named cor	rporation submits this statement for the pur	rpose of changing its	registered
l office	e or registered agent, or both, in the State of	or Florida. Such change was au	morized by the corporal	libits board of directors, thereby accept to	ie appointment as it	gistoroa
ager	nt. I am familiar with, and accept the obligati	ions of, Section 607.0505, Flori	da Statutes.	•		
ager	nt. I am familiar with, and accept the obligati	ions of, Section 607 0505, Flori	da Statutes.	<u> </u>	·	
ager SIGNATI	nt. I am familiar with, and accept the obligati URE Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	da Statutes. Registered Agent signature requi	ired when reinstating)	DATE	
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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 807, 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: