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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L44367 1. Corporation Name

STREET AODRESS

CITY-ST-ZIP

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SUNRISE FL 33351 US							_	WRITE IN TI	HIS SPACE			
US						l		porated or Qua	alifed			
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Suite, Apt.	#, etc.	27	iite, Apt. #, etc.			.	5. Certifcate	of Status Desir	red 🔲 🗀	•	e Requ	
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,			-		81 Name							
	CHMAN, HOWARD J.			-	82 Street	Address	P (D O Boy No	imber is Not Ad	ccentable)			
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11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1	508, Florida Statute	es, the ab	ove-named	corpora	ition submits th	nis statement fo	or the purpose	of changing	g its re	gistered
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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

SIGNATURE: 2