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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1 77090

Mailing Address		
6130 van Buren Hollywood FL 33023-8326		
2a. Mailing Address		
26		
Suite, Apt. #, etc.		
27		·····
- City & State -		
28		
<u></u>	٦	
	1	
or Current Registered Agent	81	Name
	82	Street Add
	83	
	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 Courrent Registered Agent 81

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90201 030 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

06/05/1990 4. FEI Number

65-0203586

I							

Applied For

Not Applicable \$8.75 Additional

22		27			5. Certificate of Status Desired Li Fee F	Required					
City & Stat	e	- City & State -		-	6. Election Campaign Financing \$5.00	May Be					
23		28			Trust Fund Contribution Added	to Fees					
Zip	Country	Zip	Count	ry	8. This corporation owes the current year Intangible						
24	25	29	30		Personal Property Tax.	□No					
	9. Name and Address of Curren	it Registered Agent		10. Name and Address of New Registered Agent							
CALL	NOEDS TERRENCE V		3	1 Name	·						
	NDERS, TERRENCE V.) VAN BUREN		8	82 Street Address (P.O. Box Number is Not Acceptable)							
	LYWOOD FL 33023-8326		L	83							
HUL	L14400D FL 33023-6320		8								
			1	4 City	85 Zip	Code					
					FL or are						
11. Pursuant	to the provisions of Sections 607 50	2 and/607.1508, Florida Sta	itutes, the abo	ve-named converted converted to the converted to the correct of th	orporation submits this statement for the purpose of changing i ation's board of directors. I hereby accept the appointment as	ts registered (
11. Pursuant to the provisions of Sections 607 /502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE	Aurine Sal	<u>ــــ</u>			4-/3-99 DATE						
	Signature, typed or printed name of registered ages			gent signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECT	OPS IN 12					
12.	OFFICERS AN	ID DIRECTORS	13.	. 1	Change						
TITLE	SAUNDERS, TERRENCE, V	Dece ie	1.2 NAM	ŀ		_					
NAME	1600 N 28 COURT			EET ADDRESS							
STREET ADDRESS	HOLLYWOOD FL 33020										
CITY-ST-ZIP	VP.	DELETE	1.4 CITY 2.1 TITL	-SI-ZIP	ST Change	e ☐ Addition					
	SANDERS, KAREN A		2.2 NAM	.	SALINDERS KAPENIA	_ i					
NAMÉ STREET ADDRESS	1600 N. 28 COURT			ET ADDRESS	16.20 M. 28 Cf						
,	HOLLYWOOD FL			-ST-ZIP	Hallywood Fl 33020	ļ					
CITY-ST-ZIP TITLE	ST	☐ DELETE			Change	Addition					
NAME	MURILLO, SAUNDERS S		3.2 NAM	E	SAUNDERS KARENA 1620 N. 28 Ct Hollywood Fl 33020 Visherise Murillo 1600 N 28 Ct	ĺ					
STREET ADDRESS	1600 N. 28 COURT		3.3 STR	EET ADDRESS	1600 N 28 Ct	l l					
CITY-ST-ZIP	HOLLYWOOD FL		3.4. CIT	r-ST-ZIP	Hollywood Fl 33020						
TITLE		☐ DELETE			Change	Addition					
NAME			4. 2 NAM	IE	•						
STREET ADDRESS			4.3 STR	EET ADDRESS		ĺ					
CITY+ST-ZIP			4.4 CITY	-ST-ZIP							
TITLE		☐ DELETE	5.1 TITL	Ε	☐ Change	e Addition					
NAME			5.2 NAM	E							
STREET ADDRESS			5.3 STR	EET ADDRESS							
CITY-ST-ZIP	<u> </u>		5.4 City								
TITLE		☐ DELETE			☐ Change	Addition					
NAME			6.2 NAM	E		ĺ					
STREET ADDRESS	}		6.3 STR	EET ADDRESS		Ì					
CITY-ST-ZIP			6.4 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 if the 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:

954 983016Z