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**PROFIT** CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # L 80

## **FILED** Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90016 011 \*\*\*150.00

i. Corporatio	n Name					í	1						
1.	1 1 7	ed Inve		1	N/	c.3/	16/98						
consi	rudal	iagnue	simin, J	nc.		V 3/ 1	w/40	ĺ					
Principal Place of Business Mailing Address													
2040	15.W.	49ct		6 -									
								DO NOT WRITE IN THIS SPACE					
FT. LAUDER DAIE, FL 33332								3. Date Incorporated or Qualifed					
		3330	**************************************					4. FEI Numl	30/90				
2. Principal Place of Business			2a.	2a. Mailing Address					ber			Applied For	
21			26					65-0	204238			Not Applicabl	e
Suite, Apt. #, etc.			— <u>—</u>	Suite, Apt. #, etc.				5. Certifcate	5. Certificate of Status Desired  \$8.75 Additional				
22				27 City & State					Fee Required				
├ <del></del> '	City & State				City & State				Campaign Financing Id Contribution			O″May Be <sup>≠</sup> * d to Fees	
Zip	Zip Country			Zip Cour					This corporation owes the current year Intangible				
24		25	29		3	30	,		Property Tax.	toni year ii.	Yes	DANO	
	9. Name	and Address of		ered Agent					d Address of New	Registered	Agent		
						81	Name						ļ
						82	Street Ad	ddress (P.O. Box N	umber is Not Accept	able)			
													_
						83	H						
						84	City			FL	85 Zi	p Code	_
11 Pursuant	to the provis	ions of Sections (	607 0502 and 60	7 1508 Florio	da Statutes	the abov	e-named co	ornoration submits t	his statement for the		changing i	its registered	
l office or a	registered ag am familiar w	ient, or both, in th	e State of Florida	a, Such chanc	ge was aut	horized by	the corpora	ation's board of dire	ectors. I hereby acce	pt the appo	intment as	registered	
		iai, and accept an	c obligations of, t	Section our.o	)505, F <b>lo</b> ric	da Statutes	S.						
_													ł
SIGNATURE		or printed name of regis	stered agent and title if	applicable.		Registered Age		uired when reinstating)	BIOLIANICES TO OF	DATE	ND DIRECT	TODS IN 12	6
SIGNATURE	Signature, typed	or printed name of regis		applicable.	(NOTE. P	Registered Age			S/CHANGES TO OF				1,000
SIGNATURE  12.  TITLE	Signature, typed	OFFICE	stered agent and title if a	applicable.		13.			S/CHANGES TO OF		ND DIREC		0 17 (00)
SIGNATURE  12.  TITLE  NAME	PRES 10	OFFICE  WNSE  L. Sc RIM	stered agent and title if a	applicable.	(NOTE. P	13. 1.1 TITLE 1.2 NAME	nt signature requ		S/CHANGES TO OF				9 (14/00)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	PRESID DIANNI 20401	OFFICE  WNSE  L.SCRIN  ISW 490	stered agent and title if a	applicable.	(NOTE. P	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature requ		S/CHANGES TO OF				9
SIGNATURE  12.  TITLE  NAME	PRESID DIANNI 20401	OFFICE  WNSE  L. Sc RIM	stered agent and title if a	applicable. CTORS	(NOTE. P	13. 1.1 TITLE 1.2 NAME	nt signature requ		S/CHANGES TO OF			e	0.00004 /
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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.

SIGNATURE: DIANNE L. SCRIMA, LUCAME OF SIGNING OFFICER OR DIRECTOR