**FILED** 

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90029 004 \*\*\*150.00

## 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

| <ol> <li>Corporation</li> </ol>                     | VIENT # L8/835   | <b>)</b> .                            |                          |             |   |
|---|--|---------------------------------------|--------------------------|-------------|---|
| Principal Place                                     | of Business  | Mailing Address                       |                          |             |   |
| 5021 N.E. 23RD AVENUE 5021 N.E. 23RD AVENUE         |  |                                       |                          |             |   |
| LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064 |  |                                       |                          |             |   |
|   | •  |                                       |                          |             | DO NOT WRITE IN THIS SPACE  |
|   |  |                                       |                          |             | 3. Date incorporated or Qualifed 07/17/1990                             |
| 2 Principal P                                       | ace of Business  | 2a. Mailing Address                   |                          |             | 4. FEI Number Applied For   |
| 21  | 300 0. 200332  | 26                                    |                          |             | 65-0204404 Not Applicable   |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.                   |                          |             | \$8.75 Additional   |
| 27  |  |                                       |                          |             | 5. Certificate of Status Desired Fee Required                           |
| City & Stat   | 9 - 4  | City & State                          | g <b>-</b> -             | •           | 6. Election Campaign Financing \$5.00 May Be                            |
| 23  |  | 28                                    |                          |             | Trust Fund Contribution Added to Fees                                   |
| Zip   | Country  | Zip                                   | Country                  | /           | 8. This corporation owes the current year Intangible                    |
| 24  | 25   | 29 30                                 | 10                       |             | Personal Property Tax.  |
|   | 9. Name and Address of Curren  | t Registered Agent                    | 81                       | Name        | 10. Name and Address of New Registered Agent                            |
| antieau, gary                                       |  |                                       | <u> </u>                 | Name        |   |
| 5021 N.E. 23RD AVENUE                               |  |                                       | 82                       | Street Addr | ress (P.O. Box Number is Not Acceptable)                                |
| LIGH  |  | 83                                    |                          |             |   |
|   |  |                                       | 03                       |             |   |
|   | •  |                                       | 84                       | City        | FL 85 Zip Code  |
| agent. I a<br>SIGNATURE                             | m familiar with, and accept the obligation of registered ager  | tions of, Section 607.0505, Florida   | a Statutes               | 5.          | ion's board of directors. I hereby accept the appointment as registered |
| 12.   | OFFICERS AND DIRECTORS 13.   |                                       | 13.                      |             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                       |
| TITLE   | PSTD   | ☐ DELETE                              | 1.1 TITLE                |             | ☐ Change ☐ Addition   |
| NAME  | antieau, gary  |                                       | 1.2 NAME                 |             |   |
| STREET ADDRESS                                      | 5021 N.E. 23TH AVENUE  |                                       | 1.3 STREET ADDRESS       |             |   |
| CITY-ST-ZIP   | LIGHTHOUSE POINT FL  | · · · · · · · · · · · · · · · · · · · | 1.4 CITY-S               | ST-ZIP      |   |
| TITLE   |  | ☐ DELETE                              | 2.1 TITLE                |             | ☐ Change ☐ Addition   |
| NAME  |  |                                       | 2.2 NAME                 |             |   |
| STREET ADDRESS                                      |  |                                       | 2.3 STREE                | TADDRESS    |   |
| CITY-ST-ZIP   |  |                                       | 2. 4 CITY-               | ST-ZIP      | (*************************************                                  |
| TITLE   | The second secon | · · ₂ □ DELETE ·                      | 3.1 TITLE                |             | Change Addition   |
| NAME  |  |                                       | 3.2 NAME                 |             |   |
| STREET ADDRESS                                      |  |                                       |                          | T ADDRESS   |   |
| CITY-ST-ZIP   |  | ☐ DELETE                              | 3.4. CITY-5              | ST-ZIP      | ☐ Change ☐ Addition   |
| TITLE   |  |                                       | 4.1 TITLE                |             |   |
| NAME  |  |                                       | 4. 2 NAME                |             |   |
| STREET ADDRESS                                      |  |                                       | 4.3 STREET ADDRESS       |             |   |
| CITY-ST-ZIP   |  | ☐ DELETE                              | 4.4 CITY- S<br>5.1 TITLE | SI-ZIP      | ☐ Change ☐ Addition   |
| TITLE NAME  | •  |                                       | 5.1 TILE<br>5.2 NAME     | 1           |   |
| STREET ADDRESS                                      |  |                                       |                          | TADDRESS    |   |
| CITY-ST-ZIP   |  |                                       | 5.4 CITY-5               |             |   |
|   |  |                                       |                          |             |   |

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 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 changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

☐ DELETE

SIGNATURE:

TITLE

STREET ADDRESS

AHTICAU

Change

Addition