## 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

|   |  |   |   |   | 02-09-1999 90022 034 ***1  | .50.00                           |   |
|---|--|---|---|---|--|----------------------------------|---|
| DOCU  | MENT # <b>L9209</b>  | 1   |   |   | •  |                                  |   |
| <ol> <li>Corporation</li> </ol>   | n Name   |   |   |   |  |                                  |   |
| adams i   | reporting service, in  | C.  |   |   |  |                                  |   |
|   |  |   |   |   |  |                                  |   |
|   |  |   |   |   |  |                                  | (1) <b>(1)</b> (1)                                    |
| Principal Place   | e of Business  | Mailing Address   |   | ú   |  |                                  |   |
| 3087 PERRIWIN   | KLE CIRCLE   | 3087 PERRIWINKLE CIRCI  | Æ   |   |  |                                  |   |
| DAVIE FL 33328  | 8  | DAVIE FL 33328  |   |   | DO NOT WRITE IN THIS   | SPACE                            |   |
| US  |  | US  |   | 3 Date Income   | orated or Qualifed   |                                  | ,   |
|   |  |   |   | 08/06/199   |  |                                  |   |
| 5 Directed D  | lace of Business   | 2a. Mailing Address   |   | 4. FEI Number   |  | Apr                              | olied For   |
| <del>-</del>  | lace of Business   | 26  |   | 65-02509  |  |                                  | Applicable  |
| Suite, Apt.   | # etc  | Suite, Apt. #, etc.   |   |   |  | \$8.75 A                         | dditional   |
| ¬ ∶   | π, σιο.  | 27  |   | 5. Certificate of   | Status Desired   | Fee Rec                          | quired  |
| City & State  | re .   | City & State  |   | 6. Election Car   | mpaign Financing   | \$5.00                           | May Be  |
| 23  | -  | 28  |   | Trust Fund (  |  | Added to                         |   |
| Zip   | Country  | Zip   | Country   | 8. This corpora   | ation owes the current year In   | tangible                         |   |
| 24  | 25   | 29  | 30  | , Personal Pr   |  |                                  | □No   |
|   | 9. Name and Address of Curr  | rent Registered Agent   |   |   | Address of New Registered  | Agent                            |   |
|   |  |   | 81 Nam  | ne  | •  |                                  | ļ   |
|   | COFF, JERRIE ADAMS   |   | 82 Stre   | et Address (P.O. Box Num  | nber is Not Acceptable)  |                                  |   |
|   | PERRIWINKLE CIR  | •   |   |   | British of the street to the street of the s |                                  | 1911 91211 1991                                       |
|   | TE 106   | •   | 83  |   |  |                                  |   |
| DAVI  | IE FL 33328  |   | 84 City   |   |  | 85 Zip C                         | ode   |
|   |  |   |   |   |  |                                  |   |
| nua.  | ÷  |   |   |   | FL   | <u> </u>                         |   |
| 11. Pursuant  | to the provisions of Sections 607.0  | 502 and 607.1508, Florida Stati   | utan the above nam  | ad corneration submits this   | statement for the purpose of   | changing its intraction          | registered  |
|   |  |   | utes, the above-name  | ad corneration submits this   | statement for the purpose of   | changing its intrent as reg      | registered<br>gistered                                |
| office or r<br>agent. I a   | registered agent, or both, in the Sta<br>um familiar with, and accept the obli   | igations of, Section 607.0505, F  | utes, the above-name<br>authorized by the co<br>lorida Statutes.  | ed corporation submits this<br>orporation's board of direct   | s statement for the purpose of<br>ors. I hereby accept the appo  | changing its intment as reg      | registered<br>gistered                                |
|   | registered agent, or both, in the Sta<br>am familiar with, and accept the oblin<br>Signature, typed or printed name of registered a  | igations of, Section 607.0505, F agent and title if applicable. (NO                                       | utes, the above-name<br>authorized by the colorida Statutes.  TE: Registered Agent signatures   | ed corporation submits this<br>imporation's board of direct   | s statement for the purpose of ors. I hereby accept the appo   |                                  |   |
| office of ragent. I a SIGNATURE   | registered agent, or both, in the Sta<br>um familiar with, and accept the obli-<br>Signature, typed or printed name of registered a<br>OFFICERS  | igations of, Section 607.0505, F  agent and title if applicable. (NO  AND DIRECTORS                       | utes, the above-nam<br>authorized by the co<br>lorida Statutes.  TE: Registered Agent signatu   | ed corporation submits this proporation's board of direct ure required when reinstating)  | s statement for the purpose of ors. I hereby accept the appointment of the purpose of the appointment of the purpose of the pu |                                  |   |
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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. CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE

**FILED** 

Feb 09, 1999 8:00am

**Secretary of State**