


LIMITED LIABILITY COMPANY ANNUAL REPORT 1999

 FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
99 APR 20 AM 10:13  
TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address

21 GLENS DRIVE WEST  
BOYNTON BEACH FL 33436

3. Date Organized or Qualified <b>04/06/1995</b>	3a. State of Formation <b>FL</b>
4. FEI Number <b>65-0584410</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report <b>03/09/1998</b>	6. Certificate of Status Desired <b>\$875 Additional Fee Required</b> <input type="checkbox"/>

8. Name and Address of New Registered Agent/Office	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt #, etc	
City	
Zip Code	

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (If Off-Registered Agent, Sign to be required when not On-Reg)

11 I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

IN[SE]O R (12-98)