PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # MO2770

Principal Place of Business	Mailing Address				
136 S.E. 3RD AVENUE T. LAUDERDALE FL 33316	1136 S.E. 3RD AVENUE FT. LAUDERDALE FL 33316				
•					
¬ '	2a. Mailing Address				
¬ '	2a. Mailing Address 26 Suite, Apt. #, etc.				
1	26				

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90177 016 ***150.00



Principal Place of Business	Mailing Address			·			
1136 S.E. 3RD AVENUE FT. LAUDERDALE FL 33316	1136 S.E. 3RD AVENUE FT. LAUDERDALE FL 33316			DO NOT WRITE IN T	HIS SPAC	E	
,				3. Date Incorporated or Qualifed			
				07/16/1984			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	L	Applied For	
<u>-</u>	26			59-2635628		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	•	.75 Additional ee Required	
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	•	5.00 May Be dded to Fees	
Zip Country		untry		This corporation owes the current year Personal Property Tax.	r Intangible ☐ Ye	•	
9. Name and Address of Cur		\top		10. Name and Address of New Registe	red Agent		
TYRRELL, BRUCE M.		81	Name				
1451 S.W. 18TH TERRACE		82	Street Address (P.O. Box Number is Not Acceptable)				
FT LAUDERDALE FL 33312		83					
•		84	City		FL 85	Zip Code	
 Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stagent. I am familiar with, and accept the obl 	ate of Florida. Such change was authorize	d by t	he corporation	ration submits this statement for the purpos i's board of directors. I hereby accept the a	e of chang ppointment	ing its registered t as registered	
SIGNATURE				<u></u>			

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	tegistered Agent signature require	ired when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PT DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TYRRELL, BRUCE M.	1.2 NAME	
STREET ADDRESS	1451 S.W. 18TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	1.4 CITY-ST-ZIP	
TITLE	VPS DELETE	2.1 TITLE	. Change Addition
NAME	TYRRELL, COLLEEN	2.2 NAME	
STREET ADDRESS	1451 S.W. 18TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2. 4 CITY-ST-ZIP	The state of the s
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	j
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	. □ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CMY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	· · · ·
STREET ADDRESS	•	5.3 STREET ADDRESS	·
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	•	6.2 NAME	
STREET ADDRESS	•	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	O 11 140 O7(0)(1) Elected Otatabase I fourther contife that the information

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 fustee 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: