OCUMENT # M16627 UPROVEMENT UPROVEMENT UPROVEMENT Increal Flace of Business Name Notes 51 Increal Flace of Business Name Notes 51 Increal Flace of Business Name Notes 51 Do NOT WRITE IN THIS SPACE State Do Not WRITE IN THIS SPACE Do Not WRITE IN THIS SPACE Do Not WRITE IN THIS SPACE State Tr	COF	PROFIT RPORATION UAL REPORT 1999		Kather Secreta	RTMENT OF STATE ine Harris iny of State CORPORATIONS	FIL Apr 28, 19 Secretary 04-28-1999 9003	99 8:00 am ⁷ of State
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. 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. J further certify that the information	office (r agent. 4 33NATUFE E EET ADDRE 35 (-ST-ZIP E EET ADDRE 35 (-ST-ZIP E EET ADDRE 35 (-ST-ZIP E E EET ADDRE 35 (-ST-ZIP E E E E E E E E E E E E E E E E E E E	registered agent, or both am familiar with, and ac c Signature, typed or printed na in C PVD PUMO, JERRY 5 773 N.E. 95 ST. MIAMI SHORES FL STD PUMO, SALLY 5 773 N.E. 95 ST. MIAMI SHORES FL 5 5 5	, in the State of Florida ept the obligations of, S e of registered agent and title if a SFFICERS ANI) DIREC	. Such change was - Section 607.0505, Fl-	tes, the above-named ccr authorized by the corporat yrida Statutes. E Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	red when reinstatung)	FL ose of changing its registered app ointment as registered ATE RS. ND DIRECTOF:S IN 12 Change Addition
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