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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M29713

1. Corporation Name

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(HQ) III) Y	U SHEA													
Principal Place	of Business			M	ailing Address						. 1085844 1(8 5)010 10111 10844 1		MANY DIDIN OLDIY	BIDN DIGIN 1001
					S BISCAYNE BLVD	•								
201 S BISCAYN STE 3000	IE BLVD				E 3000									
MIAMI FL 33131 MIAMI FL 33131										DO NOT WRITE IN THIS SPACE				
US US										Date Incorporated or Qualifed				
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2. Principal Place of Business			2a.	2a. Mailing Address						FEI Number		A	pplied For	
21				26	26						<u>59-2710605</u>			lot Applicable
Suite, Apt. #, etc.				Ľ	Suite, Apt. #, etc.					5	Certificate of Status Desired			Additional
22				27	27					<u> </u>				Required
City & State	e ·	_	_	L	City & State					6.	Election Campaign Financing) May Be
23				28							Trust Fund Contribution		Added	to Fees
Zip		Coun	itry	\Box	Zip	Coi	untry			8.	This corporation owes the cur	rent year In		\
24		25		29		30					Personal Property Tax.		Yes	XNο
	9. Name	and Add	ress of Curren	t Regis	tered Agent		Ļ.,			10.	Name and Address of New	Registered	Agent	
A			_				81	Name						
	AR, MURRA						82	Street	Addres	s (P	.O. Box Number is Not Accep	table)		
	S BISCAYN	ie blad					oz ou ou ou ou				·	· 		
	E 3000						83							
MIAN	VII FL 3313 [.]	1					84	City					85 Zip	Code
							64	City				FL	_ 00 = "	5500
office or m	ragiotarad ag	ant or bo	th in the State i	of Florid	da. Such change was , Section 607.0505, I	authonize	กกข	the corp	oration	s bo	n submits this statement for the pard of directors. I hereby acce	ept the appo	inimeni as i	egistered
SIGNATURE	Signature, typed		ime of registered agen	nt and title		TE: Registere			required w			DATE		
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	Signature, typed				if applicable. (NO	TE: Registere	d Agen		required w				ND DIRECT	
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14. 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

REMORATED.