PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # M34425



FLORIDA DEPARTMENT OF STATE

Kathorine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 02, 1999 8:00 am Secretary of State

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11. Pursuant	to the provisions of Sections 607.0302	: and our. 1506, Fion	IOS SIGIUIES,	und abovenie	odioo namo	n'e board of direct	ws. I hereby acce	ot the appoir	itment as re	gistered	1
) office or r	egistered agent, or both, in the State y	ווטוים קעניטיו יי	ige was accu	ionacou oy ano	corporato.	i a board of ambou		• • •			1
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the object.	one of Section 607.	0505, Florid	a Statutes.	corporado.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				
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SIGNATURE	Signature, typed or printed name of registeries (per)	PORECTURS				when reinstating)	CHANGES TO OF	DATE			(11/98)
SIGNATURE 12. TITLE	Signature, typed or printed name of register of Report OFFICERS AND	PORECTURS	(NOTE: Re	gislered Agent sign		when reinstating)		DATE	D DIRECTO	RS IN 12	34 (11/98)
SIGNATURE 12. TILE NAME	Signature, typed or printed name of register de Court. OFFICERS AND FISCHER, NEAL	PORECTURS	(NOTE: Re	gislared Agent sign 13. 1.1 TITLE 1.2 NAME	nature naquared	when reinstating)		DATE	D DIRECTO	RS IN 12	E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of register de Court. OFFICERS AND FISCHER, NEAL 1800 W 4TH AVE	PORECTURS	(NOTE: Re	13. 1.1 TITLE 1.2 NAME	RESS	when reinstating)		DATE	D DIRECTO	RS IN 12	R2E034 (11/98)
SIGNATURE 12. TILE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of register de Court. OFFICERS AND FISCHER, NEAL	of up is company.	(NOTE: Re	13. 1.1 TITLE 12 NAME 1.3 STREET ADD	RESS	when reinstating)		DATE	D DIRECTO	RS IN 12	CR2E034 (11/98)
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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.

SIGNATURE:

SIGNATURE AND TIPED OR DENTED HAVE OFFICINED OFFICER OF DIRECTOR

1/11/99

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