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PROFIT: CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # MARR74

| Principal Place of Busi | ness . | |
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| 4010 NW 24TH ST MIAMI FL 33142-3716 | ``. | |

May 03, 1999 8:00 am Secretary of State

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| 2 Dringing D | lace of Business | | 2a. Mailing Addre | | | | | 4. FELN | | <u> </u> | | | -TI | Anni | lied For |
| | IACO OI BUSINESS | • | 26 | 553 | | | | | 79432 |)1 | | | H | | Applicable |
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| 22 | π, G.ω. | ŀ | 27 | | | | | 5. Certif | cate of | Status De | sired | | -, | - | ننج حجد uired |
| City & Stat | .e | | City & State | | | | | 6. Elect | ion Cam | paign Fin | ancing | | \$5. | 00 N | lay Be |
| 23 | | l | 28 | | | | | | | ontributio | - | | | | Fees |
| Zip | Cor | untry | Zip | | Country | | | 8. This | corporati | ion owes | the curr | ent year | Intangible | | |
| 24 | 25 | | 29 | 30 | | | | Perso | nal Proj | perty Tax | | | Yes | | □No |
| | 9. Name and Ad | Idress of Current R | egistered Agent | | | | | 10. Nam | e and A | ddress o | f New F | legistere | d Agent | | |
| | | | | | 81 | Name | | | | | | | | | |
| | MERLIN, JAMES D | • | | | 82 | Street | Addres | s (P.O. Bo | x Numb | er is Not | Accepta | ıble) | | | |
| | NW 24 STREET | | | | | | | | | | | | | | |
| MIAI | MI FL 33142 | | | | 83 | | | | | | | - | | | } |
| | • | | | | 84 | City | | | | | | | . 85 | Zip Co | ode ~ |
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| 11. Pursuant | to the provisions of egistered agent, or temperature to the familiar with, and | Sections 607.0502 a | nd 607.1508, Florid | da Statutes, th | e above | e-named | corpor | ation subn | nits this : Edirector | statement rs. I herek | t for the | purpose of the app | of changing pointment a | g its re s reai: | egistered stered |
| onice or i | egistered agent, or t | Jour, in the State of r | Tionua. Such chang | ue was audioi | | | | 3 DOG G | | G. 1 1101 G. | | | | | |
| agent. I a | ım familiar with, and | accept the obligation | s of, Section 607.0 | 505, Florida S | Statutes | | | | | | | | | | |
| | m familiar with, and | accept the obligation | s of, Section 607.0 | | | | | | | | | | · <u>·</u> | | |
| SIGNATURE | • | name of registered agent an | d title if applicable. | (NOTÉ: Regis | itered Ager | | | vhen reinstatin | g) . | • | | DATE | <u> </u> | | |
| SIGNATURE | Signature, typed or printed | | d title if applicable. | (NOTÉ: Regis | itered Ager | | | vhen reinstatin | g) . | • | | DATE | AND DIREC | CTOR | RS IN 12 |
| SIGNATURE 12 | Signature, typed or printed | name of registered agent an OFFICERS AND I | d title if applicable. | (NOTÉ: Regis | tered Ager 13. | | | vhen reinstatin | g) . | • | | DATE | <u> </u> | CTOR | |
| SIGNATURE 12. TITLE NAME | Signature, typed or printed P SUMMERLIN, JA | OFFICERS AND I | d title if applicable. | (NOTE: Regis | 13. 1.1 TITLE 1.2 NAME | nt signature r | required v | ADDIT | g) IONS/C | HANGES | TO OF | DATE | AND DIREC | CTOR | RS IN 12 |
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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.

6.4 CITY-ST-ZIP

SIGNATURE: