PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # M62165

## FILED Jan 28, 1999 8:00am Secretary of State

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11: Pursuant	to the provisions of Sections 607.0502	and 607.1508,	Florida Statute	es, the a	bove-named	corporat	tion submits	this statem	ent for the	purpose o	f changing	its reg	istered '	
l ` office or r	registered agent, or both, in the State of im familiar with, and accept the obligation	r Fiorida Such	cnange was a	utnorized	i by me con	oration's	poara or air	ectors. I ne	reby acce	ept the appo	anument as	registi	eieu	
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-		and title if applicable.	. (NOTE			required whe		NS/CHANG	ES TO O					1,00)
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SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable.	. (NOTE	Registered	Agent signature	required whe		IS/CHANG	ES TO O					(94 (44 (00)
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SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND P LEVINE, MOLLY 6039 COLLINS AVE, #1201	and title if applicable.	. (NOTE	13. 1.1 TI 1.2 No.	Agent signature  TLE  ME  REET ADORESS  TY-ST-ZIP			IS/CHANG	ES TO O			je [		(44,08)
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND P LEVINE, MOLLY 6039 COLLINS AVE, #1201	and title if applicable.	(NOTE	13. 1.1 TI 12 N 1.3 S1 1.4 CI 2.1 TI 2.2 N 2.3 S1	Agent signature  TLE  WE  REET ADDRESS  TY-ST-ZIP  TLE  AME  REET ADDRESS  TTY-ST-ZIP			IS/CHANG	ES TO O		Chang	ge [	Addition	CD2E024 (11/08)
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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 TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-99

305-861-473

Daytime Phone #

CR2E034 (11/9