## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M77535

Principal Place of Business

BOOKKEEPING, ETC. INC.

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90115 017 \*\*\*150.00



% ISABEL BISHOP 1323 S.E. 17TH ST., #317 FT. LAUDERDALE FL 33316		% ISABEL BISHOP 1323 S.E. 17TH ST., #317 FT. LAUDERDALE FL 33316			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 04/22/1988	<del>- , , , -</del>	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		pplied For
21		26			65-0039263		lot Applicable	
Suite, Apt. 1	t, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional Required
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	•	to Fees
Zip			Con	·		8. This corporation owes the current year Inta		$\mathbf{V}$ .
24	25 29 30		30		1 Cradital 1 Topolity Turn			No
	9. Name and Address of Current	Registered Agent		<u> </u>		10. Name and Address of New Registered A	gent	
DIOL	OD ICADEI			81	Name			
BISHOP, ISABEL 1323 S.E. 17TH ST., #317				82	Street Addre	Address (P.O. Box Number is Not Acceptable)		
FT. LAUDERDALE FL 33316					<del></del> -			
				84	City	FL	85 Zip	Code
		1 007 4500 EL	4 4	<u></u> _		pration submits this statement for the purpose of	hanging it	s registered
office or re	o the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was a	authorized	d by ti	ne corporatioi	n's board of directors. I hereby accept the appoin	tment as r	egistered
SIGNATURE								
	Signature, typed or printed name of registered agent	· · · · · · · · · · · · · · · · · · ·	<u>-</u>		signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	DIPECT	OPS IN 12
12.	OFFICERS ANI	D DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND	Change	
TITLE	P DIGUOD ICADEI	- Deterie	1.2 N					_ [
NAME	BISHOP, ISABEL				1000000			
STREET ADDRESS	1323 SE 17TH STREET #317		1.3 51	INCE!	ADDRESS			}
CITY-ST-ZIP	FT. LAUDERDALE FL		4 4 01					
TITLE		□ DELETE		TY-ST-	-ZIP		Change	Addition
		☐ DELETE	2.1 TI	TILE	-ZIP		Change	Addition
NAME		☐ DELETE	2.1 TT 2.2 N	TITLE NAME			Change	Addition
STREET ADDRESS		☐ DELETE	2.1 TI 2.2 N/ 2.3 ST	TITLE NAME	ADDRESS		Change	Addition
STREET ADDRESS CITY-ST-ZIP			2.1 TT 2.2 N 2.3 S 2.4 C	TITLE NAME STREET A	ADDRESS		☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.1 TI 2.2 N 2.3 ST 2.4 C 3.1 TI	TITLE NAME STREET A CITY-ST	ADDRESS		ميد. به	- <u>-</u>
STREET ADORESS CITY-ST-ZIP TITLE NAME			2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV	TILE NAME STREET A CITY-ST- TILE NAME	ADDRESS .		ميد. به	- <u>-</u>
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			2.1 TI 2.2 N/ 2.3 S 2.4 C 3.1 TI 3.2 N/ 3.3 S	TITLE  NAME  STREET /  CITY-ST  TITLE  NAME  STREET /	ADDRESS		ميد. به	- <u>-</u>
STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP		DELETE	2.1 TI 2.2 NJ 2.3 S 2.4 C 3.1 TI 3.2 NJ 3.3 S 3.4. C	TITLE  VAME  STREET /  CITY-ST.  TITLE  VAME  STREET /  CITY-ST.	ADDRESS		ميد. به	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			2.1 TI 2.2 NJ 2.3 ST 2.4 C 3.1 TI 3.2 NJ 3.3 ST 3.4. C 4.1 TI	TITLE  NAME STREET / CITY-ST.  TITLE  NAME STREET / CITY-ST.  TITLE	ADDRESS		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	2.1 TI 2.2 NV 2.3 S 2.4 C 3.1 TI 3.2 NV 3.3 S 3.4. C 4.1 TI 4.2 N	TITLE  NAME  STREET /  CITY-ST:  TITLE  WAME  STREET /  CITY-ST:  TITLE  NAME	ADDRESS ADDRESS 1-ZIP		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	21 TI 22 NV 23 S; 2.4 C 3.1 TI 3.2 NV 3.3 S; 3.4. C 4.1 TI 4.2 N 4.3 S;	TITLE  STREET / CITY-ST.  TITLE  STREET / CITY-ST.  TITLE  NAME  STREET / STREET /	ADDRESS ADDRESS 1-ZIP ADDRESS ADDRESS		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C	TITLE STREET / CITY-ST. TITLE WAME STREET / CITY-ST. TITLE NAME STREET / CITY-ST.	ADDRESS ADDRESS 1-ZIP ADDRESS ADDRESS		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE THE TADDRESS		DELETE	21 TI 22 NV 23 S; 2.4 C 3.1 TI 3.2 NV 3.3 S; 3.4. C 4.1 TI 4.2 N 4.3 S;	TITLE STREET / CITY-ST. TITLE WAME STREET / CITY-ST. TITLE NAME STREET / CITY-ST. TITLE	ADDRESS ADDRESS 1-ZIP ADDRESS ADDRESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME		☐ DELETE	2.1 TI 22 NN 2.3 S' 2.4 C 3.1 TI 3.2 NN 3.3 S' 3.4 C 4.1 TI 4.2 NN 4.3 S' 4.4 CI 5.1 TI 5.2 NN	TITLE STREET / CITY-ST. TITLE WAME STREET / CITY-ST. TITLE NAME STREET / CITY-ST.	ADDRESS ADDRESS 1-ZIP ADDRESS ADDRESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	2.1 TI 22 NN 2.3 S' 2.4 C 3.1 TI 3.2 NN 3.3 S' 3.4 C 4.1 TI 4.2 NN 4.3 S' 4.4 CI 5.1 TI 5.2 NN 5.3 S'	TITLE STREET / CITY-ST. TITLE WAME STREET / CITY-ST. TITLE NAME STREET / CITY-ST.	ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 2IP  ADDRESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME		☐ DELETE	2.1 TI 22 NN 2.3 S' 2.4 C 3.1 TI 3.2 NN 3.3 S' 3.4 C 4.1 TI 4.2 NN 4.3 S' 4.4 CI 5.1 TI 5.2 NN 5.3 S'	STREET // STREET	ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 2IP  ADDRESS		☐ Change	Addition  Addition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADORESS

CITY-ST-ZIP

CR2E034 (11/98)