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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # M85367

OOLI EL EEE MOOOONII	. 20, 1110.		
Principal Place of Business	<del></del>	Mailing Address	
2425 E. COMMERCIAL BLVD. #403	•	2425 E. COMMERCIAL BLVD. #403	
FT. LAUDERDALE FL 33308		FT. LAUDERDALE FL 33308	

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

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FT. LAUDERDA	ALE FL 3330	à·			DERDALE FL 3330	18				D	O NOT WRI	TE IN THIS	SPACE	
										Date Incorporated	or Qualifed			
										06/14/1988		•		
2. Principal F	Place of Bus	iness		2a. Maili	ing Address					FEI Number			P	pplied For
21				26						65-0064913				lot Applicable
Suite, Apt	. #, etc.			Suite	e, Apt. #, etc.					Certifcate of Statu	e Decired		\$8.75	Additional
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City & Sta	ite	} *		City	& State				6.	Election Campaigr	n Financing	Г <del>.</del> .		May Be
23				28						Trust Fund Contrib	oution		Added	I to Fees
Zip		Country		Zip.			untry		4 -	This corporation of		ent year Int		_
24		25		29		30				Personal Property			Yes	□No
	9. Nam	e and Address	of Current	Registered	Agent		1		10.	Name and Addre	ss of New F	Registered	Agent	
ا چت	, JAMES F	<b>.</b>					81	Name		•	•	•		
CC AM	INNETONI	A ROAD	1.6				82	Street Add	dress (P.	O. Box Number is	Not Accepta	able)		
		ALE FL 33308									4 		*495 * 5 * 5 * 5 * 5	
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11. Pursuant	t to the prov	isions of Section	is 607.0502	and,607.150	08, Florida Statu	tes, the a	bove	-named cor	poration	submits this state	ment for the	purpose of	changing it	s registered
OTICE OF	registered a	gent, or poth_in	the State of	rionga, Sui					นดก ร ออล	ard of directors, i r			nument as r	easterea i
agent. I a	am familiar i	vith, and accept	the obligation	og≰of, Section	ch change was a ion 607.0505, Flo	orida Stat	tutes.	ine corporat			.0.02) 2000,	or the appea		·
		vith, and accept	the obligation	ons of, Section	08, Florida Statu ch change was a on 607.0505; Flo	orida Stat	tutes.	ine corporat				ot the appe		j
SIGNATURE		with, and accept	21-1	L.	-					einstating)		DATE		<u> </u>
SIGNATURE	Signature, type	TCINU	21-1	nd title if applica	L BBIE (NOTE RS	E: Registered	d Agent		red when rei			DATE	ID DIRECT	ORS IN 12
SIGNATURE	Signature, type	d or printed name of n	egistered agent	nd title if applica	sble. (NOTE	E: Registered	d Agent		red when rei	instating)		DATE		ORS IN 12
SIGNATURE	Signature, type	OFFI  MES P.	egistered agent	nd title if applica	L BBIE (NOTE RS	E: Registered	d Agent		red when rei	einstating)		DATE	ID DIRECT	ORS 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 frue 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.