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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90066 001 ****61.25

1999 DOCUMENT # N51254 1. Corporation Name

ncipal Place of XO SW 114 WAY LAUDERDALE F	ſ	Mailing Address 5120 SW 114 WAY FT LAUDERDALE FL 33330 US									
		2a. Mailing Address			3. Date Inc	orporated or Q	ualited	i	•		
Principal Place of Business 26					10/12/ 4. FEI Nun	1992				Applied	For
		Suite, Apt. #, etc.			65-03	70388		٠.	[_	Not Ap	
Suite, Apt. #,	etc.	27					-irod		\$8.7	75 Addit e Require	ional
		City & State			5. Certifca	te of Status De	isireu				
City & State		28 Country			6. Election Campaign Financing					\$5.00 May Be Added to Fees	
<u> </u>	Country	Zip	Country			d Contributio	าก	_		ded to Fe	
Zip	25	29 30			10. Name	and Address	of New R	egistered	Agent		
	9. Name and Address of Curre	nt Registered Agent	81	Name							
				Ctroot Ade	dress (P.O. Box	Number is No	t Accepta	ble)	•		
LLIV. ODENI	ΠΔ		82	Stient You	G. 500 (r. 151 512						
LUX, BRENDA 5704 HALLANDALE BEACH BLVD			83				-	· · · .	<u> </u>	· .	
HOLLYMOOD FL 33023			-	Cin:					85	Zip Coo	
HOLLINO	OB 12 00020		84			<u> </u>	A === 40cc	Beccurre	of chang	ing its re	gistered
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CITY-ST-ZIP

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 119.07(3)(i), Florida Statutes. I further certify that I am an 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 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 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 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 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 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 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 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 indicated on this annual report of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes. I further certify that I am an indicate it is a supplemental annual report of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes. I further certify that I am a

SIGNATURE: