	FILE NOW: FIL		FILED Feb 15, 1999 8:00 am Secretary of State 02-15-1999 90013 049 ****61.25					
NONPROFIT CORPORATION ANNUAL REPORT						FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State		
1999 Division of co						CORPOR	TIONS	
DOCUM	IENT # N98000		10			-		-
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Principal Place of Business Mailing Address			-st		n tuankini nin tuint iniit noiti naiti	nalis costi ociti idatu itcai tidi	1 1 1 1 1 1 1 1 1 1 1 1 1	
1453B 24TH AVEI PALMETTO FL 34			1453B 24TH AVENUE WEST PALMETTO FL 34221					
2. Principal Plac	ce of Business	2a. Mail	ing Address			3. Date Incorporated or Qualifed 12/22/1998		
1 Suite, Apt. #,	, etc.	The second se	e, Apt. #, etc.			4. FEI Number		lied For
2			27 City & State				\$8.75 A	Applicable
City & State		28	& State			5. Certifcate of Status Desired	Fee Rec	
Zip	Country	Zip 29		Cour 30	ntry ·	6. Election Campaign Financing Trust Fund Contribution	\$5.00 t Added to	
	9. Name and Address of Curre	ent Registered	Agent		81 Name	10. Name and Address of New R	legistered Agent	
POLSON, PI 1453B 24TH PALMETTO	AVENUE WEST				83	tress (P.O. Box Number is Not Accepte	ble) 85 Zip C	Code
				:	84 City			
11. Pursuant to	II Internet Continue 617 OF							
office or reg agent. I am	b the provisions of Sections of 7.03 gistered agent, or both, in the State n familiar with, and accept the oblig	502 and 617.15 e of Florida. So gations of, Sect	tion 617.0503, Fk	orida Statu	ites.	poration submits this statement for the ion's board of directors. I hereby accer	[19][19][19][19][19][19][19][19][19][19]	registered pistered (; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
office or reg agent. I am SIGNATURE	gistered agent, or both, in the State n familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. So gations of, Sec gent and title if applic	tion 617.0503, Flo	orida Statu	bove-named cor by the corporat ites. Agent signature requir			記書新行社
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SIGNATURE AND TO BOOK PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/99

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Daytime Phone #