PROFIT CORPORATION ANNUAL REPORT 2001



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION & CORPORATIONS

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DOCUMENT # P00000059490					01 FEB 16 PM 5: 26			
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Principal Place of Business	. Mailing	Address						
1701 SW 92N			Sw Pane	I				
MIANI FL 3	33/61-	Migy.	FL 3316.	3. Date Inc	corporated of Qualified	3a. Date	of Last R	eport
Principal Place of Business		ling Address		4. FEI Nun	nper .		Ap	plied For
Suite, Apt. #. etc.	26 Suit	te, Apt. #, etc.		64	-1018743	****		t Applicable
	27	, , , pt. 11, o.c.		5. Certifica	ite of Status Desired			Additional equired
City & State	City	& State			Campaign Financing			May Be
Zip Country	28 Zip		Country		nd Contribution			to Fees
25	29		30	8. This cor Florida S	poration has liability for Statutes	intangible tax Yes Yes		. 199.032,
9. Name and Address	of Current Registered	i Agent			nd Address of New R			
1 & D RECESTE	now Acomi	- 216	81 Name					
,		•	82 Street	Address (P.O. Box I	Number is Not Accepta	ble)		
240 SW 137	MANE S	TE 226	83				· · · · · · · · · · · · · · · · · · ·	
Misser Fr	33/2/	•	84 City				l =/. 7	
Illiani Fil	/ /0		Oity			FI i ^s	1	Code
Pursuant to the provisions of Section	ns 607.0502 and 607.15 in the State of Florida, Si	008, Florida Statut	les, the above-named authorized by the corr	corporation submits	s this statement for the		anging it	s registered
Pursuant to the provisions of Section office or registered agent, or both, in agent, I am familiar with, and accept	Title State of Florida, St	uch change was a	authorized by the corp	corporation submits poration's board of o	s this statement for the directors. I hereby acce		anging it ment as	s registered registered
Pursuant to the provisions of Section office or registered agent, or both, in agent, if am familiar with, and acceptions agent. Signature, typed or pointed name of signature, typed or pointed name of	I the obligations of, Sec	ction 607,0505, Fluciable.	authorized by the corporate Statules. E Registered Agent signature	DOFATION'S DOARD OF (directors. I hereby acce	purpose of cha pt the appoint	ment as	registered
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR