PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P15079

ANIANA INIC

ANAW, II	NC.	•			1 16811681 181 11881 811H REKI 1881 1881 8		(A)((1)(1) (4)
Principal Place of Business Mailing Address		Mailing Address	,			1815 Billsi militi atmii mi	MIT ASBIT FOR
1600 E HANLEY BLVD 1600 E HANLEY BLVD		1600 E HANLEY BLVD			1		
STE 128 STE 128		STE 128	= -		DO NOT WRITE IN T	THIS SPACE	
TUCSON AZ 85737 TUCSON AZ 85737 US US					3. Date Incorporated or Qualifed		
US	·	03			07/06/1987		
Principal Place of Business 2a. Mailing Address		2a. Mailing Address			4. FEI Number	Apr	plied For
26		— ĭ	-		86-0278949	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A		
27		27	·		o. Germanic of challes a compa	Fee Red	
City & State		City & State	¬ '		6. Election Campaign Financing	\$5.00	-
23		28)		Trust Fund Contribution	Added to	3 rees	
Zip	Country	Zip	Country		8. This corporation owes the current year		□No
24	9. Name and Address of Current Registered Agent		101		Personal Property Tax. 10. Name and Address of New Register		<u> </u>
	5. Name and Address of Curren	it Kadistalan Adolit	81	Name	Teams and P		
YOW	ELL, W D		-	0	(D.O. Davidson bearing Med. Accordable)		
112 LAKESHORE DR			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
STE 195			83				
NO PALM BCH FL 33408			84	6.4		85 Zip C	`ode
			84 City		•		,046
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above	-named corpo	oration submits this statement for the purpos on's board of directors. I hereby accept the a	e of changing its	registered
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autitions of, Section 607.0505, Florid	nonzed by la Statutes		of s board of directors. Thereby accept the a	ppointment as reg	31010104
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R			tegistered Ager	nt signature required	d when reinstating) DAT ADDITIONS/CHANGES TO OFFICER		RS IN 12
12.		ID DIRECTORS	1.1 TITLE		ADDITIONS/OFFACES TO STITLE OF	Change	Addition
TITLE	PD		1.2 NAME			_ ,	
NAME	NATAROS, ANNA		1.3 STREET	ADORESS			
STREET ADORESS	1600 E HANLEY #128		1.4 CITY-ST-ZIP				
CITY-ST-ZIP	TUCSON AZ	☐ DELETE	2.1 TITLE			Change	Addition
NAME	D STAROG FRANK		2.2 NAME				
STREET ADDRESS	NATAROS, FRANK		2.3 STREET ADDRESS			_	
	1600 E HANLEY, STE 128 TUCSON AZ	•	2.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	SD SD	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME	MACKENZIE, MARGARET		3.2 NAME				
STREET ADDRESS	1600 E HANLEY, STE 128		3.3 STREET ADDRESS				
CITY-ST-ZIP	TUSCON_AZ		3.4. CITY-ST-ZIP				
TITLE	TD	☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME .	MACKENZIE, BRUCE		4.2 NAME				
STREET ADDRESS	1600 E HANLEY, STE 128		4.3 STREET ADDRESS				
CITY-ST-ZIP	TUCSON AZ		4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TTLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS	1		5.3 STREE	T ADDRESS			
CITY-ST-ZIP	CITT-SI-ZIP		5.4 CITY-S	T-ZIP			
TITLE	LE DELETE 6.		6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				

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 affactment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CTY-ST-ZiP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90229 044 ***150.00