## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 15, 1999 8:00 am Secretary of State

02-15-1999 90041 027 \*\*\*158.75

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P23371

SIGNATURE:

J.F. DAY AND COMPANY, INC.

	of Business	Mailing Address				1				
P.O. BOX 10368 P.O. BOX 10368										
BIRMINGHAM AL 35202-7368 BIRMINGHAM AL 35202-			68			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed		<del></del>		]
						03/13/1989				Ì
						4. FEI Number		Apr	olied For	1
Principal Place of Business     2a. Mailing Address						1		<u></u> -	Applicable	1 m
1	26				63-0055795		\$8.75 A		1 10	
Suite, Apt. #.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	ХX	Fee Re		'	
2		27						<del></del>	<del>.                                      </del>	1
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be				
3		28				Trust Fund Contribution			o rees	1
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible				
4 25 29			30			Personal Property Tax. Yes No				
<u>-1</u>	9. Name and Address of Current	Registered Agent				10. Name and Address of New R	egistere	d Agent		-
				81	Name					
CT CC	ORPORATION SYSTEM			92	Stroot Addr	rese (P.O. Box Number is Not Accepta	ble)		-,	1
1200 S. PINE ISLAND ROAD				82 Street Address (P.O. Box Number is Not Acceptable)						╛.
PLANTATION FL 33324			83			· · · · · · · · · · · · · · · · · · ·				
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r ar wing them a						poration submits this statement for the on's board of directors. I hereby accept	numose	of changing its	registered	1
11. Pursuant to	o the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	s, the al	bove-	named com he comorati	oration submits this statement for the on's board of directors. I hereby accep	t the app	ointment as re	gistered	Ì
office or re	gistered agent, or both, in the State on familiar with, and accept the obligat	ions of, Section 607.0505, Florid	da Stati	ites.	110 00 POI E					١.
•	is realistics.									-
SIGNATURE _	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: I	Registered	Agent	signature require	d when reinstating)	DATE			وَ ⊢
12. OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OF	FICERS A		RS IN 12	
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NAME	DAY, JR., J.F.	3.21		3.2 NAME						
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STREET ADDRESS		the thin filling does not qualify for	45	4	ing stated in	Section 119.07(3)(i), Florida Statutes re shall have the same legal effect as ured by Chanter 607. Florida Statute	I further	certify that the	information	