FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90167 047 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

4, 1	1999	04-30-1999 90167 047 ***150.00							
DOCUN 1. Corporation	MENT # P39174	4	'	•					
•	• • • • • • • • • • • • • • • • • • • •								
Principal Place	of Rusiness	Mailing Address	<u> </u>		-		Main eine nicht	OLDIN DIONI DIDIN D	1811 8 FB1
•	ORT CENTER DR.	1301 W. NEWPORT CENTE	R DR						
DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442						20110711			
US US						DO NOT WI 3. Date Incorporated or Qualife		SPACE	1
						06/09/1992	u		
Principal Place of Business 2a. Mailing Address						4. FEI Number		Ap	olied For
21		26	_			94-3140024			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	
22	` `	27						Fee Re	·
City & State	•	City & State				6. Election Campaign Financing Trust Fund Contribution	, _□	\$5.00 Add <u>ed t</u>	•
Zip	Country	Zip	Coun	itry		8. This corporation owes the cu	rrent year In		_
24	25	29	30			Personal Property Tax.	<u> </u>		□No
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New	Registered	Agent	
MCKNIGHT, N. PHILIP									
1301 W NEWPORT CENTER DR.				82	Street Addre	ess (P.O. Box Number is Not Accep	itable)		
DEERFIELD BCH FL 33442			ļī	83					
•				84	City			85 Zip (ode
					•		Fi	-	
office or ri	to the provisions of Sections 607.05 egistered agent, or both, in the State	e of Florida. Such change was a	uthorized	by ti	-named corpo he corporatio	oration submits this statement for the n's board of directors. I hereby acc	e purpose o ept the appo	r cnanging its intment as req	registered jistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	rida Statut	tes.					
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	: Registered A	Agent	signature required	when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO C	FFICERS A		
TITLE	CM ⁻	CM· □ DELETE 1.1		LE		•		Change	Addition
NAME			1.2 NAM	ME					
STREET ADDRESS					ADDRESS	•			
CITY-ST-ZIP				Y-ST-	-ZIP			Change	Addition
TITLE	PD DELETE 2:17							□ outrigo	
STREET ADDRESS	MCKNIGHT, N. PHILIP 1301 W. NEWPORT CENTER DRIVE 228				ADDRESS				
CITY-ST-ZIP	DEEDER D. 074 O.L. C.			Y-ST	i i				
TITLE	DELETE 3.1					refary		☐ Change	Addition
NAME	DECKER, JULIA M		3.2 NA	ME		1 .			
STREET ADDRESS	1301 W. NEWPORT CENTER	DR.	3.3 STR	REET	ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH FL		3.4. CIT		-ZIP				□ Addition
TITLE	SD .	X DELETE	4.1 TTL					☐ Change	☐ Addition
NAME	ALLEN, BETTY E. 1301 W. NEWPORT CENTER	DD	4.2 NA		ADDRESS				
STREET ADDRESS	DEERFIELD BEACH FL	UR.	4.4 CIT				. `	•	
CITY-ST-ZIP TITLE	DEENFIELD DEACH I C		5.1 TITL		-217		-	Change	☐ Addition
NAME	•		5.2 NAM			•	ř		
STREET ADORESS	,		5.3 STF	REET	ADORESS				{
CITY-ST-ZIP		•	5.4 CIT		-ZIP				
TITLE		☐ DELETE	6.1 TITL					☐ Change	☐ Addition
NAME			6.2 NA						
STREET ADORESS			6.3 STF	REET/	ADDRESS				

14. I hereby certify that the information supplied with this filing does not quality 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, on an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP