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Feb 09, 1999 8:00am

**Secretary of State** 

## 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

	1999		DIVISION OF C	CORPORA	TIONS .			
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Principal Place of Business			Mailing Address	- ·				
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NORTH PALM	BEACH FL 33408	j .	— :	NORTH PALM BEACH FL 33408			E IN THIS SPACE	
US			US			3. Date Incorporated or Qualifed		
						09/17/1992		
2. Principal Place of Business			2a. Mailing Address			4. FEI Number - 65-0350953	Ap	plied For
Suite, Apt. #, etc.			26 Suite Ast # etc					ot Applicable
Suite, Apt	. #, etc.		<b>⊢</b> ' ' '	Suite, Apt. #, etc.			□ \$8.75 A	
City & Sta	nte	<del></del>	City & State	City & State		6. Election Campaign Financing	•	<del>'</del>
23			28			Trust Fund Contribution	□ \$5.00 Added t	
Zip	<del></del>	Country	Zip	Count	ry	8. This corporation owes the curre		10 1 003
24				9 30		Personal Property Tax.		□No.
Name and Address of Current Registered Agent						10. Name and Address of New Re	egistered Agent	
WII	LIAM C. MUNC	)T	•	8	1 Name			
				8	2 Street Addr	ress (P.O. Box Number is Not Acceptab	ole)	
8778 SE RIVERFRONT TERRACE TEQUESTA FL 33469			83			. A SE	Er a stader com dien acces e par elektronich das sterenses	11 11 P19 61 - UNI
,				0	3			
				8-	4 City		<b>E</b> 85 Zip C	Code
41 Pursuant	to the provision	of Sections 607 05	02 and 607 1508 Florida Statute			poration submits this statement for the p	FL	
11. Pursuant office or	t to the provisions	of Sections 607.05 or both, in the State	02 and 607.1508, Florida Statute 3 of Florida, Such change was au	es, the about	ve-named corp	poration submits this statement for the pon's board of directors. I hereby accept	FL	
354m agent, Pa   363	am familiar with;	of Sections 607.05 or both, in the State and accept the oblig	502 and 607.1508, Florida Statute e of Florida. Such change was au ations of, Section 607.0505, Flori	es, the about	ve-named corp	poration submits this statement for the p on's board of directors. I hereby accept	FL	
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SIGNATURE  12.  TITLE  NAME	Signature, typed or pr	inted name of registered age OFFICERS AI	pations of, Section 607.0505, Flori ent and title if applicable. (NOTE: ND DIRECTORS	Registered Ag  1.1 TITLE  1.2 NAME	ve-named corp y the corporations.	nd when reinstating)*  ADDITIONS/CHANGES TO OFF	DATE	registered gistered
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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 13 if changed, of on an attackment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-9

561-626-7840