PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 15, 1999 8:00 am Secretary of State

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					3	Date Incorporated or Qualifed				
		T 2 44 99 A 44				03/12/1993 L FEI Number		174	pplied For	
	lace of Business	2a. Mailing Address			1	59-3169736			ot Applicable	l
21 Suite, Apt.	# etc	Suite, Apt. #, etc.							Additional	
22	#, Gtb.	27			1 5	i. Certificate of Status Desired			equired	
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23		28			L	Trust Fund Contribution		Added	to Fees	
Ziρ	Country	Zip		intry	6	I. This corporation owes the curr				
24	25	29	30			Personal Property Tax.		Yes	□No	
	9. Name and Address of Current	Registered Agent		81 Name	<u> </u>). Name and Address of New I	registereu A	Baur	_	
BUR	INS, MAITHEW W							·		
	AIRPORT ROAD			82 Street A	Address (P.O. Box Number is Not Accept	able)			
	E 215			83					_	
	TIN FL 32541			<u> </u>				1 C-:-	5-4-	
				B4 City			FL	111	Code	
11, Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida St	atutes, the a	bove named o	corporati	on submits this statement for the	purpose of c	henging its	registered	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of imfamiliar with, and accept the obligat	of Florida. Such change wa ions of, Section 607.0505,	as authorize Fiorida Stat	d by the corpo utes.	ration's I	ocard of directors, I hereby acce,	рт ине аффонт	niversit siz re	Ø1210100	
SIGNATURE										
	Signature, typed or printed name of registered agent	and title if applicable ()	OTC. Designation	Agent eigneture re						
				7001	dures when		FICERS AND	DIRECTO	ORS IN 12	ğ
12.		DIRECTORS	13.	<u> </u>	idnies auer	ADDITIONS/CHANGES TO OF		DIRECTO	ORS IN 12	11/08
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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 suppliemental 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 attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

730654.13

gytime Phone #