SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT #** P9300023074

## FILED Sep 21, 1999 8:00 am Secretary of State

09-21-1999 90020 001 \*\*\*550.00

<ol> <li>Corporation</li> </ol>	n Name			• •							
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3001 SW 64 T			-	P.O. BOX 4492					-		
MIRAMAR FL 33023				HOLLYWOOD FL 33083-4492							
US								DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified			
								03/26/1993			
2. Principal Place of Business			2a. Mailin	2a. Mailing Address				4. FEI Number		A	pplied For
21			26	26				65-0400178			ot Applicable
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22			27 -							<del></del>	equired
City & State			<b>⊢</b> ¬ ′	City & State				6. Election Campaign Financing \$5.00 May Be			
23				28				Trust Fund Contribution Added to Fees			
Zip	;	Country	L Zip		Count	iry		8. This corporation owes the curr	ent year	⊐ <b>⊀</b>	an ∣
24		25	29		30			Intangible Personal Property.	<u> </u>		DN0
	9. Name	and Address of Cu	urrent Registered	Agent		31 N		10. Name and Address of New F	Registered	Agent	<del></del> {
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						32 5	Street Addres	ss (P.O. Box Number is Not Accepta	able)		
3001 S.W. 64TH TERRACE MIRAMAR FL 33023											
IVIII W		00020			١	33					\
					8	34 (	City			85 Zip	Code
									FL		
11. Pursuant	to the provide	sions of sections 607	.0502 and 607.1508	3, Florida Statute	es, the above	ve-na	med corpora a corporation	tion submits this statement for the problem of directors. I hereby acce	urpose of ch of the appoi	anging its r itment as r	egistered egistered
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agent, I a	am familiar v	vith, and accept the o	obligations of, section	on 607.0505, Fl	orida Statul	tes.	·	's board of directors. I hereby acce			
SIGNATURE .											
SIGNATURE		or printed name of registere	od agent and title if applicab	ie. (N	OTE: Registere			ed when reinstating)	DATE		
SIGNATURE	Signature, typed	or printed name of registere		же. (N	OTE: Registere	d Agen			DATE	D DIRECT	ORS IN 12
SIGNATURE .  12.  TITLE	Signature, typed	or printed name of registers OFFICERS	od agent and title if applicab	ie. (N	OTE: Registere 13.	d Agen		ed when reinstating)	DATE		ORS IN 12
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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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: