PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Katherine Harris

ANNUAL REPORT Secretary of State 4000 DIVISION OF CORPORATIONS

FILED Apr 13, 1999 8:00 am Secretary of State 04-13-1999 90096 005 ***150.00

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| Principal Place | of Business | | Mailing A | Address | | | | | 1 1 E E (\$ p) 1 1 m 1 m | | , mist #fitti mi | irin fiëlt binen a | iside Marit M. Mari |
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| | | | | | | | | 3. Date | ncorporated | | | | |
| | | | | | | | | | 30/1993 | | | | |
| 2. Principal P | ace of Business | 3 | 2a. Mailir | ng Address | | | | | Number | | | TIT | Applied For |
| 21 | | | 26 | | | | | 59- | 3179234 | · | | | Not Applicable |
| Suite, Apt. | #, etc. | | Suite | , Apt. #, etc. | | | | 5. Cert | tifcate of State | us Desired | П | | Additional |
| 22 | | | 27 | | | | | | | | | | Required |
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| | 25 | Country | 29 | | 30 | | | | sonal Property | | · vije. year. | Yes | □No |
| <u> </u> | | d Address of Currer | | Agent | 145) | I^- | | | ne and Addre | | Register | ed Agent | |
| | | | | | | 81 | Name | | | | | | |
| | ES-CARTER, E | | | | | 82 | Street Add | ress (P.O. E | Box Number is | Not Accept | able) | | |
| | 5 BLASIUS RI | ט | | | | | | | | | | | |
| | e 3200 (Sonville fl | 22224 | | | | 83 | | | | | | | |
| LVI IVI | VOOLANITTE LE | | | | | | | | | | | 700 7 | p Code |
| JACH | | | | | | 84 | City | | | | | 85 Zi | 0000 |
| | to the provisions egistered agent in familiar with, a | s of Sections 607.050 or both, in the State and accept the obliga | 32 and 607.150 of Florida. Suc atlans of, Section | 08, Florida Statu ch change was on 607.0505, Flo | tes, the authorize | 1 1 | - | ocration sub ion's board (| mits this state of directors. I | ement for the hereby acce | purpose opt the ap | | |
| 11. Pursuant i office or re agent. I ar SIGNATURE | | s of Sections 607.050, or both, in the State and accept the obligations of registered age. | ert and title if applical | bie. (NOT | E: Registers | above- ed by thatutes. | - | ed when reinstati | ing) | | purpose of the ap | of changing pointment as | Its registered registered |
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indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the san officer or director of the corporation or the receiver or trustee empowered to execute this report as regulated by Chapter 607 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR