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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000026578

SHERMAN LAW OFFICES, CHARTERED

Principal	Place	of	Business
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Feb 10, 1999 8:00 am Secretary of State

02-10-1999 90025 037 ***150.00



Principal Place	of Business	Mailing Addre	ess	,				1,414 51,61 61,11		
		2400 E. OAKL	AND PARK BLVD) .						
2400 E. OAKLAND PARK BLVD. 2400 E. OAKLAND PARK BL FT. LAUDERDALE FL FT. LAUDERDALE FL						DO NOT WRITE IN THIS SPACE				
								SPACE		
						 Date Incorporated or Qu 04/05/1993 	allied		ļ	
a District Di	as of Business	2a. Mailing A	ddress			4. FEI Number		App	lied For	
	ace of Business	26	44.000			65-0401545		Not	Applicable	
Suite, Apt. 1	# atc	Suite, Apt	t. #. etc.					\$8.75 A		
·	*, 616.	27				5, Certificate of Status Des	ired . \square	Fee Rec	quired	
City & State	3	City & Sta	ate			6. Election Campaign Fina	ncing _	\$5.00 1	May Be	
 1	,	28		-		Trust Fund Contribution		Added to	Fees	
23 Zip	Country	Zip		Country		8. This corporation owes the	ne current year in		_ }	
24	25	29	30)		Personal Property Tax.			□No	
	9. Name and Address of Curre		nt			10. Name and Address of	New Registered	Agent	·	
				81	Name	•				
SHEF	RMAN, KIM D ESQ.	•		82	Street Add	ress (P.O. Box Number is Not A	Acceptable)			
2400	E. OAKLAND PARK BLVD.			02	Stieet Add	Total (1.0. Dox Humbor to Horr	regional programme in the		****	
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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, with all other like empowered. CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

NTED NAME OF SIGNING OFFICER OF DIRECTOR