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**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P93000030435**

A ABILITY ATTORNEY METNICK, P.A.

## **FILED** Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90127 037 \*\*\*150.00



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5150 LINTON E	BLVD	5150 LINTON BLVD						
SUITE 320 DELRAY BEACH FL 33484		SUITE 320			DO NOT WINT	E IN THIS SEAS	_	
		DELRAY BEACH FL 33484			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 04/27/1993			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Т	Ann	olied For
21	idoc oi business	26			65-0429339	$\vdash$	+ **	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			03/0429339	\$8		dditional
22		27			5. Certifcate of Status Desired	4 1	e Red	
City & Stat	le	City & State			6. Election Campaign Financing	<u>\$</u> 5	00	May Be
23		28			Trust Fund Contribution			Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the currer	nt year Intangible		
24	25	29	30		Personal Property Tax.	(F) res	.	□No
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New Re	gistered Agent		
			81	l Name				
	NICK, KENNETH		82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)		
	LINTON BLVD., SUITE 320		"	Sireet Address (F.O. Box Number is Not Acceptable)				
DELI	RAY BEACH FL 33484		83	3				
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			84	City		FL 85	Zip C	ode
11, Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statut	es, the abov	/e-named corr	poration submits this statement for the pr		o its r	egistered
office or r	egistered agent or both in the Sta	sta of Clorida. Cuch change was a	uthorized by		on's board of directors. I hereby accept	the appointment a	as reg	istered
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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: \_