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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # DO

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

02-18-1999 90015 005 \*\*\*158.75

		Mailing Addres 213 N DIXIE H HALLANDALE F	₩Y		DO NOT WRITE		
					3. Date Incorporated or Qualifed	IN THIS SPACE	<del></del>
2. Principal	Place of Business	2a Mailine Ad	d		05/27/1993		
21		2a. Mailing Address		4. FEI Number		Applied For	
Suite, Ap	t. #, etc.	Suite, Apt.	#, etc.		65-0431301		Not Applicable
22		27			5. Certifcate of Status Desired		Additional
City & St	ate	City & State	City & State		6. Election Campaign Financing		Required
Zip		28			Trust Fund Contribution	55.0	<b>0</b> May Be d to Fees
24	Country	Zip		entry	This corporation owes the current	Vest Intendible	d to Fees
	25 9. Name and Address of C	29	30		Personal Property Tax.	Yes	⊡No
		Jurient Registered Agent		96	10. Name and Address of New Regi	istered Agent	
	NIEL, THOMAS F			81 Name			
	N DIXIE HWY			82 Street Add	dress (P.O. Box Number is Not Acceptable)	1	<del></del> -
HAI	LLANDALE FL 33009			83		e <del>na ligara dinentali salahir</del>	Trius in the s
			İ	83		阿拉拉克斯特	
						5 1 2 1 1 1 1 No. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14 . 15 12 11 11 12
				84 City		85 Zin	Códe
11. Pursuant office or agent. I a	to the provisions of Sections 60 registered agent, or both, in the S am familiar with, and accept the c	7.0502 and 607.1508, Flori State of Florida. Such chan obligations of, Section 607,	da Statutes, the at ge was authorized 0505. Florida Statu		poration submits this statement for the purp ion's board of directors. I hereby accept the	FL 85 Zip	Code s registered egistered
SIGNATURE	Signature, typed or printed name of registers	ed agent and title if applicable.		pove-named corporatives.	poration submits this statement for the purp ion's board of directors. I hereby accept the	Dose of changing it appointment as n	Code s registered egistered
SIGNATURE	Signature, typed or printed name of registers	ed agent and title if applicable. S AND DIRECTORS	(NOTE: Registered /		ed when reinstating)	DOSE of changing it e appointment as n	s registered egistered
SIGNATURE	Signature, typed or printed name of registers OFFICER D	ed agent and title if applicable. S AND DIRECTORS	(NOTE: Registered / 13. ELETE 1.1 TITL	Dove-named corporatives.  Agent signature require	•	DOSE of changing it e appointment as n	s registered egistered
12. TITLE NAME	Signature, typed or printed name of registers OFFICER D DANIEL, THOMAS F	ed agent and title if applicable. S AND DIRECTORS	(NOTE: Registered /	Dove-named corporatives.  Agent signature require	ed when reinstating)	pose of changing it appointment as n	s registered egistered ———————————————————————————————————
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP	OFFICER  OFFICER  D  DANIEL, THOMAS F  5251 SW 58 ST  DAVIE FL 33314	ed agent and litte if applicable.  S AND DIRECTORS  DE	(NOTE: Registered /  13.  ELETE 1.1 TITL  1.2 NAA  1.3 STR  1.4 CITL  2.1 TITL  2.2 NAM  2.3 STRI  2.4 CITL  2.4 CITL	Dove-named corporatives.  Agent signature require  LE  ME  KEET ADDRESS  Y-ST-ZIP  EET ADDRESS Y-ST-ZIP  EET ADDRESS	ed when reinstating)	DOSE of changing it e appointment as not be appointment.	s registered egistered  ORS IN 12  Addition
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indicated on this annual report or supplied with ansi sing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 effactment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR