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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9300046037 1. Corporation Name

FILED Apr 02, 1999 8:00 am Secretary of State

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| Principal Place | | Mailing Address | | | | | | | |
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| ••• | | | | | | 3. Date Incorporated or Qualifed | - | | |
| | | | | | | 06/30/1993 | | | ľ |
| 2. Principal Pla | ce of Business | 2a. Mailing Address | · | | | 4. FEI Number | | T | Applied For |
| | | 26 | | | | 65-0421231 | | | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | 1 | , - | 5 Additional | |
| 22 | | 27 | | | 3. Octavida of Glades Boomed | | Fee | Required | |
| City & State | | City & State | | | 6. Election Campaign Financing | j -~ | | May Be | |
| 23 | | 28 | Carr | | | Trust Fund Contribution | | | d to Fees |
| Zip | Country | Zip | Cou | intry | | 8. This corporation owes the current | year Inta | ngible □Yes | Mo |
| 24 | 9. Name and Address of Current | 29 | 30] | , – | | Personal Property Tax. 10. Name and Address of New Regi | etered A | | AUNO |
| ······································ | 9. Name and Address of Current | Registered Agent | | 81 | Name | to. Name and Address of New Itegr | 310100 7 | Both | |
| KANO | use, keith j | | | $\Box \bot$ | | | | | |
| | NORTH FEDERAL HIGHWAY | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) |) | | Ì |
| SUITE | | | | 83 | | | | | |
| BOCA | RATON FL 33431 | | İ | \Box | | | | T T | |
| | | | | 84 | City . | | FI | 85 Zi | p Code |
| 11 Pursuant to | the provisions of Sections 607.0502 | 2 and 607,1508, Florida Statu | tes, the al | bove- | named corpo | oration submits this statement for the purp | pose of c | hanging | its registered |
| | The first war in the bridge to the Order of | Company of the second of the s | | | | | e annoin | iment as | registered |
| office or reg | gistered agent, or both, in the State to | ions of Section 607 0505 Eli | authorized orido Stati | o by th | ne corporatio | on's board of directors. I hereby accept th | о арро | | |
| agent, I am | gistered agent, or both, in the state of familiar with, and accept the obligat | or Florida, Such change was in ions of, Section 607.0505, Fl | autnorized orida Stati | o by th utes. | ne corporatio | on's board of directors. I hereby accept th | о аррош | | |
| agent, I am SIGNATURE | Jistered agent, or both, in the State of familiar with, and accept the obligat | ions of, Section 607.0505, Fi | orida Statı | utes. | | | DATE | | |
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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.

SIGNATURE: