· FILE.NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000053593

THE LAW OFFICES OF WILLIAM D. TUCKER, P.A.

THE EXT OFFICE OF THEE WILL DO TO THE EXTENSION OF THE EX										
Principal Place	e of Business	Mailing Address				1 (100)(100) (100 (100) (110) 00		181 B1108 11181 B144		
735 NE 3RD AV FT. LAUDERDAI		735 NE 3RD AVE FT. LAUDERDALE FL 3330	4			no vior	MOITE IN T			
US		US				3. Date Incorporated or Qual	WRITE IN TH	IIS SPACE		ı
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a District D	In a f Duciness	2a. Mailing Address				08/02/1993 4. FEI Number		- ΙΔ	pplied For	١.
<u> </u>	lace of Business	⊢ •				65-0421448		· -	ot Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.				00 042 1440			Additional	
22		27				5. Certificate of Status Desire	•d □	• •	Required	
City & State	e	City & State:	2. A =		and the same	÷6. Election Campaign Finance Trust Fund Contribution	ing 🗍		May Be ~ ∽⊸ to Fees	-
Zip	Country	Zip	Co	ountry		8. This corporation owes the	current year			1
	25	29	30	,		Personal Property Tax.	current your	Yes	□No	
24	9. Name and Address of Current	11	1901			10. Name and Address of N	ew Registere	ed Agent		ĺ
	The state of the s			81	Name				* .	ĺ
MOX	ON, GEORGE L	, A ^m . 2		82	Street Addre	ess (P.O. Box Number is Not Ac	rentable)		24.7	
735	N.E. THIRD AVENUE							والمجاهدة والمدارة	<u>ويون ايلاويون</u>	ĺ
FT.1	LAUDERDALE FL 33304			83	*					
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		ons of, Section 607.0505, Flo	nua Sta	atutes.		•				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE		ed Agent		d when reinstating)	DATE OFFICERS	AND DIRECT	ORS IN 12	6
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE	: Registere	ed Agent		d when reinstating)		AND DIRECT		(00)
12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE	13 1,11	ed Agent						(00,777
12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE	13 1,11 1,21	ed Agent B. TITLE NAME						100777
12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PD TUCKER, WILLIAM	and title if applicable. (NOTE	13 1.11 1.21 1.35	ed Agent B. TITLE NAME	signature required				☐ Addition	100,777,700,100
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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 supplied fital 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90051 007 ***150.00