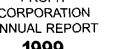
Feb 27, 1999 8:00 am Secretary of State

FILED

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

PROFIT CORPORATION ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

•	999 DIVISION OF CORPORATIONS				ATIONS	02-27-1999 90003 037 ***150.00			
DOCUI 1. Corporation	MENT # P930	000589 IATES, INC.	94			1 (13)(13)(1) 10 (14)(18 (1)(1) 13(1)(1) 13(1)(1) 13(1)(1) 13(1)(1))	18111 8181 18 1 1	
Principal Place	e of Business	Mailing	Address				. 91,21, 18110 19110 1		
P.O. BOX 15691 P.O. BOX 15691									
PLANTATION FL	. 33318	PLANIA	TION FL 33318			DO NOT WRITE IN THE	S SPACE		
						3. Date Incorporated or Qualifed 08/23/1993			
2. Principal Pl	lace of Business	2a. Mai	ling Address			4. FEI Number	Apr	plied For	
21		26				59-3198564		t Applicable	
Suite, Apt.	#, etc.	⊢	e, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Re		
22		27	. 9. Ct-t-						
City & State	е	28	& State			6. Election Campaign Financing Trust Fund Contribution	- \$5.00 Added to		
Zip	Country	Zip		Cour	itry	8. This corporation owes the current year le			
24	25	29		30	•	Personal Property Tax.		□No	
	9. Name and Address of		Agent			10. Name and Address of New Registered	l Agent		
D-414	0 101111				81 Name				
DAVIS, JOHN				ŀ	82 Street Add	dress (P.O. Box Number is Not Acceptable)			
9544 N.W. 8TH CIRCLE PLANTATION FL 33324						,,			
PLAN	TIATION FL 33324			į	83				
		/ . .		ı	84 City		85 Zip C	Code	
office or re	egistered agent, or both, in th m familiar with, and accept th	e State of Florida. Si e obligations of, Sec	uch change was a tion 607.0505, Flo	authorized orida Statu	by the corporat	poration submits this statement for the purpose of the purpose of the portion's board of directors. I hereby accept the appropriate the purpose of the purpo	f changing its or continuent as reg	registered gistered	
12.	Signature, typed or printed name of regi	ERS AND DIRECTO		13.	deut signature requir	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	P	ENG AND BINEOUS	☐ DELETE	1.1 TIT	E	7,300,100,000	Change	☐ Addition	
NAME	DAVIS, JOHN			1.2 NA	νE				
STREET ADDRESS	9544 N.W. 8TH CIRCLE			1.3 \$11	REET ADDRESS				
CITY-ST-ZIP	PLANTATION FL 33324			1.4 CIT	Y-ST-ZIP				
TITLE	VP		DELETE	2.1 TM	Ē		☐ Change	Addition	
NAME	Mullens, Robert			2.2 NA	ME				
STREET ADDRESS	4210 NW 10TH ST. B			2.3 STF	REET ADDRESS			ļ	
CITY-ST-ZIP	COCONUT GROVE FL 3	<u> 13</u> 063		_	ry-st-zip		Change	Addition	
TITLE			☐ DELETE	3.1 TIT		·- · · · · · · · · · · · · · · · · · ·	C. Change		
NAME				3.2 NA	REET ADDRESS				
STREET ADDRESS					Y-ST-ZIP			Į	
CITY-ST-ZIP TITLE			☐ DELETE	4.1 TiT			Change	☐ Addition	
NAME				4. 2 NA					
STREET ADDRESS				4.3 STF	REET ADDRESS				
CITY-ST-ZIP				4.4 CIT	Y-ST-ZIP				
TITLE .			☐ DELETE	5.1 TIT			Change	☐ Addition	
NAME				5.2 NA	1				
STREET ADDRESS					REET ADDRESS				
CITY-ST-ZIP				5.4 CIT 6.1 TIT	Y-ST-ZIP		Change	Addition	
TITLE			☐ DELETE	6.2 NA	ì		☐ Change		
NAME				1	REET ADDRESS				
STREET ADDRESS					Y-ST-ZIP	•		1	

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 chartfed, or of a statistic ment with an address, with all other like empowered.

SIGNATURE:

(954) 316-9828