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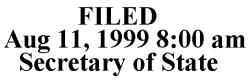
CORPENSATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS



08-11-1999 90002 007 ***550.00

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office or re	egistered agent, or both, in the St	ate of Florida. Such cl	hange was auth	iorized by the corporation	oration submits this statement for the pon's board of directors. I hereby accept	the appoint	ment as reg	istered
agant la		liastions of Section 6	07 0505. Florida	a Statutes				
-	m familiar with, and accept the ob	ligations of, Section 6	07.0505, Florida	a Statutes.				
SIGNATURE	Signature, typed or printed name of registered	digations of, Section 6	07.0505, Florida	a Statutes. gistered Agent signature require	d when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. AND DIRECTORS	(NOTE: Re	gistered Agent signature require		DATE	DIRECTOR	RS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered OFFICERS PLES DEN T	agent and title if applicable. AND DIRECTORS	07.0505, Florida	gistered Agent signature require 13. 1.1 TITLE	d when reinstating)	DATE		
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered OFFICERS PLS'DENT CLOUNTY S. (agent and title if applicable. AND DIRECTORS	(NOTE: Re	a Statutes. gistered Agent signature require 13. 1.1 TITLE 1.2 NAME	d when reinstating)	DATE	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS PICS'LABOT CHACHINE 3.(1884 GAOLE TO	agent and title if applicable. AND DIRECTORS	(NOTE: Re	gistered Agent signature require 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	d when reinstating)	DATE	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS PLS'DENT CLOUNTY S. (agent and title if applicable. AND DIRECTORS CO BIND FL 34(88)	(NOTE: Re	a Statutes. gistered Agent signature require 13. 1.1 TITLE 1.2 NAME	d when reinstating)	DATE	DIRECTOR	RS IN 12
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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: