PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P93000079563

1. Corporation Name

Apr 26, 1999 8:00 am Secretary of State
04-26-1999 90190 013 ***150.00

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	<u> </u>					/12/1993		- 	
2. Principal Pl	ace of Business	2a. Mailing Address				Number		⊢ + −	pplied For
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Cert	ifcate of Status Desir	ed 🗋		Ac ditional
22									eq Jired
City & S ate	9	City & State			6. Elec	tion Campaign Finan	cing []		May Be
23		28			Trus	t Fund Contribution		Added	to Fees
Zip	Country	Zip	Country	/	8. This	corporation owes the	e current year		\
24	25	29	30			onal Property Tax.		Yes	È ₫ No
	9. Name and Address of Current	t Registered Agent		,		ne and Address of N	lew Registere	d Agent	
			81	Name	1				ļ
•	LOW, FI.		82	Street	Acdress (P.O. B	lox Number is Not Ac	ceptable)		
) NW 52ND TERR.			0.7031	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
SUIT	E 205		83						
MIAN	VII FL 33166			-				lac Zin	Code
			84	City			F	L 85 Zíp	Cide
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State	and 607.1508, Florida Stati te	s, the abov	e-named	corporation sub	mi.s this statement fo	or the purpose	of changing it	s registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida, Such change was au	thorized by	the corp	poration's board o	of directors. I hereby	accept the app	pointment as r	egistered
ı agent. I ai	т таттаг with, апо ассерт те оондаг	t ons of, aechon oor.oaca, riai	IOD CIGIDIES	7 .					1
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14. I here by 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 the and a curate 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. The provided the empowered to the empowered to the empowered to the empower of the corporation or the receiver or trustee empower of the empower of the corporation or the receiver or trustee empower of the empower of the corporation or the receiver or trustee empower of the corporation or the receiver or trustee empower of the corporation or the receiver or trustee empower of the corporation or the receiver or trustee empower of the corporation or the receiver or trustee empower of the corporation or the receiver or trustee empower of the corporation or the receiver or trustee empower of the corporation or the receiver or trustee empower of the corporation or the receiver or trustee empower of the corporation or the receiver or trustee empower of the corporation or the receiver or trustee empower of the corporation or the receiver or trustee empower or tr

6.4 CITY-ST-ZIP

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SIGNATURE: ______SIGNATURE AND TYPED OR P

Daytime Phone #

CR2E034 (11/98)