


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 30, 1999 8:00 am**  
**Secretary of State**

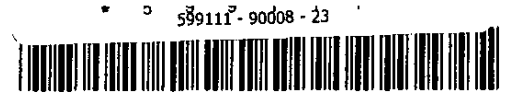
07-30-1999 90008 023 \*\*\*550.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000082881**

1. Corporation Name  
**179 CORPORATION**



Principal Place of Business <b>735 COLORADO AVENUE SUITE 6 STUART FL 34994</b>	Mailing Address <b>735 COLORADO AVENUE SUITE 6 STUART FL 34994</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/29/1993**

2. Principal Place of Business <b>21 218 Royal Palm Way</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 P.O. Box 2771</b> Suite, Apt. #, etc.
22 City & State <b>23 Palm Beach, FL</b>	27 City & State <b>28 Palm Beach, FL</b>
24 Zip <b>33480</b>	25 Country <b>USA</b>
29 Zip <b>33480</b>	30 Country <b>USA</b>

4. FEI Number <b>65-0453447</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**Haisfield, Marc**  
**735 COLORADO AVENUE SUITE 6 STUART FL 34994**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>218 Royal Palm Way</b>
83	
84 City	<b>Palm Beach FL</b>
85 Zip Code	<b>33480</b>

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PVST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Haisfield, Marc</b>	1.2 NAME	
STREET ADDRESS	<b>735 COLORADO AVENUE #6</b>	1.3 STREET ADDRESS	<b>218 Royal Palm Way</b>
CITY-ST-ZIP	<b>STUART FL</b>	1.4 CITY-ST-ZIP	<b>Palm Beach, FL 33480</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Haisfield, Michael</b>	2.2 NAME	
STREET ADDRESS	<b>735 COLORADO AVE., STE. 6</b>	2.3 STREET ADDRESS	<b>218 Royal Palm Way</b>
CITY-ST-ZIP	<b>STUART FL</b>	2.4 CITY-ST-ZIP	<b>Palm Beach, FL 33480</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Haisfield, Tracy</b>	3.2 NAME	
STREET ADDRESS	<b>735 COLORADO AVE., STE. 6</b>	3.3 STREET ADDRESS	<b>218 Royal Palm Way</b>
CITY-ST-ZIP	<b>STUART FL</b>	3.4 CITY-ST-ZIP	<b>Palm Beach, FL 33480</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Marc Haisfield*, President 7/28/99 561-655-2829

CR2E034 (5/99)