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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400000709

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90222 010 ***150.00

1. Corporation INDEPEN Principal Place 11419 N.W. 43R CORAL SPRING	DENT INDUSTRIAL, INC. of Business D STREET	Mailing Address 11419 N.W. 43RD STREET CORAL SPRINGS FL 33065		DO NOT WRITE IN THI		
				3. Date incorporated or Qualifed		
			<u> </u>	12/27/1993		
2. Principal Pl	ace of Business	2a. Mailing Address	117	4. FEI Number	i	pplied For
21 6876	2 NW 1 Cl.	26 6876 NW Suite, Apt. #, etc.	<u> 101. </u>	65-0460097		ot Applicable Additional
Suite, Apt. :	#, etc.	27	<u> </u>	5. Certificate of Status Desired	Fee R	equired
City & State	GATE FL	City & State 28 MARGATE	F. F.C.	6. Efection Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 24 3306	Country	Zip 29 33063 3	Country	This corporation owes the current year li Personal Property Tax.	ntangible Yes	5€No
24 0000	وع الحال عن الحال ع 9. Name and Address of Current	-v +	<u> </u>	10. Name and Address of New Registered	d Agent	
			81 Name	·		
GUESS, RUSSELL C 11419 N.W. 43RD STREET CORAL SPRINGS FL 33065		82 Street Add	Iress (P.O. Box Number is Not Acceptable)			
COR	AL OPHINGO PL 33000		83			
			84 City	F	85 Zip	Code
-46	amintared except or both in the State :	of Florida, Such change was allf	norized by the comparati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appropriate the purpose of th	of changing its	s registered egistered
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14. Thereby 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 informatic 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

RULLE YOURS REQUIRED SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

954) 969-7688

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