## AMENded ANNUAL REPORT for 1999

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED

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		•				01/06/199				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	<del></del>		An	 oplied For
21		26	26			65-04692	<u>n</u> 4 -		<u> </u>	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired				Additional
22		27				3. Certificate of	Status Desired		Fee Re	equired
City & State	e	City & State			-	6. Election Can	npaign Financing		\$5.00	May Be
Zip	Country	28				Trust Fund (				to Fees
24 £	25	29	Country 30	· •		Personal Pro	<del>`                                    </del>		Yes	□No
V.	9. Name and Address of Current	Registered Agent	81	Name		10. Name and	Address of New	Registered	Agent	
CEN	IAL, MICHELLE J		[]	Hanne						
5310 SW 72ND STREET			82	Street A	ddres	s (P.O. Box Num	ber is Not Accept	able)		-
MIAI	MI FL 33143		83				<del></del>			
			L			··				
			84	City				FL	85 Zip (	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above	e-named c	corpora	ation submits this	statement for the	numnee of	changing its	registered
onice or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	it Florida. Such change was au	thonzed by	the corpor	ration'	s board of director	rs. I hereby acce	ot the appo	intment as re	gistered
		ons or section our osos, rion	da Statutes	<b>.</b> .						
_	The second state of the second	ons of Section 607.0303, Figh	da Statutes	<b>i</b> ,						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: I	Registered Ager	<b>i</b> ,		rhen reinstallrig)		DATE	· 	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: I	Registered Ager	<b>i</b> ,			CHANGES TO OF			-
SIGNATURE 12. TITLE	Skyrature, typed or printed name of registered agent OFFICERS AND PRESIDENT - SECR	and title if applicable (NOTE: I	Registered Ager	<b>i</b> ,			CHANGES TO OF		ND DIRECTO	DRS 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 of the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if the legal of the corporation of the corporation of the receiver of the empowered.

SIGNATURE

MICA

michelle Cenal

12/15/99

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