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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P9400004701

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90165 044 \*\*\*150.00

NORTH (	PALM BEACH INVESTMEN	IT CORP.						
Principal Place	e of Business	Mailing Address				i ibaliani tia leiit alaii aeiti entii a	itt Mitter dieter miner is	
1120 LASKIN RD 1120 LASKIN RD VIRGINIA BEACH VA 23451 US US						DO NOT WRITE	N THIS SPACE	
						3. Date Incorporated or Qualifed		
						01/10/1994		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	Applied For
21		26				54-1698825		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	<b>,</b> , , , ,	5 Additional
22		27						Required
City & State	е	City & State				6. Election Campaign Financing		00 May Be
23		28				Trust Fund Contribution		ed to Fees
Zíp	Country	Zip	Coun	iry		8. This corporation owes the current	year Intangible ☐ Yes	□No
24	25		30			Personal Property Tax.  10. Name and Address of New Regi		
	9. Name and Address of Curre	ent Registered Agent		1 Name		10. Name and Address of New Regi	Stereu Agent	
MALE	EFATTO, ALFRED J			Name				
L	SOUTH FLAGLER DR.		[8	Street	reet Address (P.O. Box Number is Not Acceptable)			
	E 310 EAST		L.					
	T PALM BEACH FL 33401		'	33				
MES	I PALM BEACH FL 33401		1	34 City			FL 85 Z	ip Code
								ita ragistarad
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statute: e of Florida, Such change was au	s, the about thorized l	ove-named ov the cont	corpor oration	ation submits this statement for the pur 's board of directors. I hereby accept the	e appointment as	registered
	egistered agent, or both, in the old	o o, , , o, , o, , o, , o, , o, , o, ,					• •	
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Flore	da Statut	es.				
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Flori	ida Statut	es.				
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Flori	Registered A	es.		when reinstating)	DATE EDS AND DIREC	
agent. I all SIGNATURE	m familiar with, and accept the oblig  Signature, typed or printed name of registered ac  OFFICERS A	gent and title if applicable. (NOTE: I	Registered A	es. gent signature	required v		ERS AND DIREC	CTORS IN 12
agent. I all SIGNATURE  12.  TITLE	Signature, typed or printed name of registered as OFFICERS A	gations of, Section 607.0505, Flori	Registered A  13.	es. gent signature		when reinstating)		CTORS 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 trostee 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR