FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State SION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90102 025 ***150.00

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DOCUMENT #	P940000148	341	

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					—-			il 16 11 5110 11			
Principal Place		Mailing Address									
5844 SW 27TH		2618 PLUNKETT ST									
HOLLYWOOD FL 33023 HOLLYWOOD FL 33020 US					ĺ		DO NOT WRIT	E IN THIS S	SPACE		
50)-	3. Da	te Incorporated or Qualifed				
						02	2/21/1994				
2. Principal Pi	lace of Business	2a. Mailing Address				4. FE	l Number		$\neg \neg \neg$	Applied Fo	r
21		26		_	1	65	5-0468573		\Box	Not Applica	able_
Suite, Apt. #, etc. Suite, Apt. #, etc.			-		5. Certificate of Status Desired		\$8.75 Additional		3 /		
27					J. 00	Throate or dialog besieve		Fee	Required		
City & State	е	City & State				6. Election Campaign Financing			\$5.00 May Be		
23		28					Trust Fund Contribution			Added to Fees	
Zip	Country	├ ─	ountry	′	ĺ		is corporation owes the curre				{
24	25	29 30					rsonal Property Tax.		Yes	No	
	9. Name and Address of Curre	nt Registered Agent	81	I N		10. Na	me and Address of New R	egistered A	gent		
STE	WART, WINSOME		0'	Name						_	}
	B PLUNKETT ST		82	Street	Address	(P.O.	Box Number is Not Accepta	ble)			
	LYWOOD FL 33020		-	 							{
TIOL	E11100D1E 33020		83								
			84	City					85 Z	ip Code	
			_	<u> </u>				<u> FL</u>			
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes, the e of Florida. Such change was authori	abov ed by	e-named	i corpora oration's	tion su board	ibmits this statement for the Lof directors. I hereby accep	purpose of control of the purpoint of the appoint	:hanging tment as	its register registered	ea
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florida S	tatutes	5.	,,,,,,,,,,,					·	ļ
SIGNATURE											.
	Signature, typed or printed name of registered ag			nt signature	required wh			DATE	2 0.050	TODE IN A	_
12.			3.		T	ADL	DITIONS/CHANGES TO OF	FICERS AND	Chang		
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NAME	STEWART, WINSOME		2 NAME						*		
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NAME	MOLYNEAUX, RUSHAEL		2 NAME		(A)	DA	RUSHAEL PLUNKETT YWOOD FL	~T			Į.
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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 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.