FILED Apr 19, 1999 8:00 am Secretary of State

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

At	1999		Secretary DIVISION OF CO		04-19-1999 901	15 034 **	*150.00	
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Principal	lace of Business	Mallir	ng Address		2 12211589) 400 48211 mm. mm. mm. mm. mm. mm. mm. mm. mm. m		P441 1441 1441	
5140 PERIGNON WAY S140 PERIGNON WAY CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067					DO NOT WRITE IN THIS	CDACE		
	_				3. Date incorporated or Qualifed	J J AUL	-	:
\	•				04/08/1994			1
2. Princi	al Place of Business	2a. M	lailing Address		4. FEI Number		olied For	1
21		26			65-0483209		Applicable	
	Apt. #, etc.	51	ulte, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A Fee Re		
22 City &	State	Z7 C	ity & State		6. Election Campaign Financing	\$5.00		11
23		28	·		Trust Fund Contribution	Added to		
Zip	Country	Zi		Country	8. This corporation owes the current year in	tangible		
24	25	29		30	Personal Property Tax. 10. Name and Address of New Registered		□No	;
	9. Name and Address	of Current Register	ed Agent	81 Name	10. Nama and Address of New Registered	Maur		
	OECHO, ALLISON		•	1 1				
	140 PERIGNON WAY		క క	82 Street Add	dress (P.O. Box Number is Not Acceptable)			
	ARLE ARRESON EL ARAST							
	ORAL SPRINGS FL 33067			83				
	UHAL SPHINGS FL 33067					las Zin C	ode	
(- -			84 City	FL	85 Zip C		
(- -	ns 607.0502 and 607. the State of Florida- the obligations of, Se	1508, Florida Statutes Such change was aut action 607.0505, Florid	84 City	FL rporation submits this statement for the purpose of the spoor tion's board of directors. I hereby accept the appo	_ []]		
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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 eath; 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.

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