**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90098 039 \*\*\*150.00

•	1999 DIVISION OF CORPORATIONS								05-06-1999 90098 039 ***150.00							
DOCUM 1. Corporation	MENT # P9			,												
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03					- 1		1/13/1	•	or Qualife	, u						
2. Principal Pl	ace of Business	2a. M	lailing Address						l Numbe					TA	oplied For	
21		<u> </u>	26					65	-0496	012				N.	ot Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						rtifeata	of Status	Desired		\$		Additional	
22 F(	ે ૧	27						J. Ce	lincate	Ji Status	Desiled			Fee R	equired	
City & State	8	<u> </u>	City & State							ampaign Contrib	Financin ution	g 🗆	;		May Be to Fees	
Zip	Country	<del></del>	ip	Cou	ntry	-		8. Thi	is corpo	ration ov	ves the co	urrent year	Intangi	ble		
24	25 29 30							Per	rsonal F	roperty	Tax.			Yes	□No	
	9. Name and Addres	ss of Current Register	red Agent					10. Na	me and	Addres	s of Nev	v Register	ed Age	nt		┨
HO	IVAN R				81	Name										
7501 N. KENDALL DR					82 Stre			s (P.O.	Box Nu	mber is	Not Acce	ptable)				
MAIMI FL 33156					83											1
					"					_						
					84	City						F	FL <sup> 8</sup>	5 Zip	Code	
11. Pursuant	to the provisions of Secti	ons 607.0502 and 607.	.1508, Florida Statu	tes, the a	bove	-named	corpora	ation su	bmits th	is stater	nent for t	he purpose	e of chai	l nging it:	registered	1
office or re	egistered agent, or both, m familiar with, and acce	in the State of Florida.	Such change was a	authorized	l bv '	the corbo	oration's	s board	of direc	tors. I h	ereby ac	cept the ap	pointme	int as re	egistered	
SIGNATURE	idining in a	,,,,,,, .														
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register							equired wi				En To	DATE		IDECT(	NOC IN 42	ءِ ا
12.	D OF	FICERS AND DIRECT	DELETE	13.	n.c		Γ	ADL	ITIONS	CHANC	9E8 10 0	JFFICERS		Change	ORS IN 12 ☐ Addition	1
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NAME								7501 N. KENDALL DR FC3					?			8
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STREET ADDRESS						ADDRESS										
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TITLE			\☐ DELETE	6.1 TI										Change	☐ Addition	}
l			11/	62 N	٩MF		I									1

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 aprilage report is fired 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 business proportion or the receiver or business, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

4-26-99

305-868-4-168