**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P94000028991

1. Corporation Name

## **FILED** Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90210 033 \*\*\*150.00

Principal Place	VĒ	Mailing Address 213 SEAVIEW AVE PALM BEACH FL 33480					
PALM BEACH FL 33480 PALM BEACH FL 33480 US					O NOT WRITE IN	THIS SPACE	
US		00		3. Date incorporated 04/14/1994	or Qualifed		
2. Principal Pl	lact of Business	2a. Mailing Address	. 1	4. FEI Number		Ap	plied For
21 1500	lace of Business	26 1500 Prin	du td	65-0729400		No	t Applicable
Suite, Apt.		Suite, Apt. #, etc.	1.		us Dooised	\$8.75 A	dditional
22		27		5. Certifcate of State	us Desired	Fee Re	quired
City & State	P-In Boul FL	- Gity & State	md FI	6. Election Campaig	- 11	\$5.00 Added t	, ,
Zip 24 3340	Country V SA	29 3340L	Country USA	8. This corporation of Personal Property			□No
	9. Name and Address of Curren			10. Name and Addr	ss of New Regist	ered Agent	
		<u> </u>	81 Name				7
KEEN	NAN, JAMES F		82 Street, Ad	ddress (P.O. Box Number i	Not Acceptable)		
213	Seaview ave		05   1.4 2.	duless (F.O. Box Mulliper)			
PALN	M BEACH FL 33480		83				
				<u> </u>		es Zin (	Sada
			84 City	Mes. L		FL 85 Zip C	180
				emeration submits this state	ement for the purpo	se of changing its	registered
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida, Such change was a	uthorized by the corpor	ation's board of directors. I	hereby accept the	appointment as re	gistered
office or re agent. I as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was a ations of, Section 607.0505, Flo	uthorized by the corporation of	ation's board of directors.	nereby accept the	арролипен аз те	gistered
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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 inchapted or on an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-683-8385