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

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

CITY-ST-ZIP



DOCUMENT # P9400031795

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## May 05, 1999 8:00 am Secretary of State

05-05-1999 90207 031 \*\*\*150.00

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	ce of Business	Mailing Address					
7809 W. COMMERCIAL BLVD   7809 W. COMMERCIAL BLV   TAMARAC FL 33351   TAMARAC FL 33351			U				
)					DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualifed		
<u> </u>	70				04/25/1994		
<u> </u>	Place of Business	2a. Mailing Address			4. FEI Number	A	oplied For
21 26				65-0491396		ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	11 '	Additional	
City & Stat	City & State City & State				<del> </del>	<del></del>	equired
23	ie	<del>⊢</del> ¬ ´			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	28 Zip	Country	<del></del>	8. This corporation owes the curren		io rees
24	25	<u> </u>	30		Personal Property Tax.	Yes	×N₀
	9. Name and Address of Curr	<del></del>			10. Name and Address of New Re		
			81	Name			
	AO, CESAR		82	Street Addre	ess (P.O. Box Number is Not Acceptabl	(a)	
7809 W. COMMERCIAL BLVD			82 Street Ad		ess (10. Box Number is Not Acceptable	(C)	1
IAM	IARAC FL 33351		83				
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11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	es, the above-	named corpo	oration submits this statement for the pu	urpose of changing its	registered
office or r	to the provisions of Sections 607.00 registered agent, or both, in the Statem familiar with, and accept the obli	le of Florida. Such change was au	thorized by th	named corpo ne corporation	oration submits this statement for the pun's board of directors. I hereby accept to	urpose of changing its	registered egistered
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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.

6.4 CITY-ST-ZIP

COMBNATURE RESPUENT SIGNATURE:

4-28-99