May 27, 1999 8:00 am Secretary of State

05-27-1999 90003 028 \*\*\*150.00

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

Mailing Address

00 OF THE CTOCET

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000032911

Principal Place of Business

CITY-ST-ZIP

SIGNATURE:

**JENKINS & CHIN SHUE INCORPORATED** 

SUITE H	EEI	SUITE H							
BOCA RATON FL 33432 BOCA RATON FL 33432					DO NOT WRITE IN THIS SPACE				
jus us					3. Date Incorporated or Qualifed				
					04/28/1994			_	
Principal Place of Business Za. Mailing Address					4. FEI Number		App	lied For	
21 1311 SW 27TH AVE. 26 1311 SW 2			27 TH	AVE	65-0499284		Not	Applicable_	
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8 <u>.</u>	75 Ac	ditional	
22		27			5. Certifcate of Status Desired	F	ee Req	uired	ĺ
City & State City & State				_	6. Election Campaign Financing	□ <b>\$</b> 5	5.00 N	/lay Be	
23 BOYNTON BEACH, FL 28 BOYNTON BEACH			EACH	1FL	Trust Fund Contribution	A	dded to	Fees	
Zip	Country	Zip	Cou	•	8. This corporation owes the curren		ł		ĺ
24 3342	25 USA _	29 33426	30	4 2U	Personal Property Tax.	Ye	5	No	
	9. Name and Address of Curre				10. Name and Address of New Reg	gistered Agent			
150 11	(I) (C. D.) (D.) (C. D.)			81 Name	lanking David	W.		Į.	ĺ
	KINS, DAVID W.			82 Street Ad	dress (P.O. Box Number is Not Acceptable)				
	E 7TH STREET, SUITE H			1311	SW 27TH AVE				
BOC	A RATON FL 33432			83	•				
				84 City	<del></del>	85	Zip Co	nde	
				84 City So	YNTON DEACH	FL   "	33	426	
11. Pursuani	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the a	bove-named co	orporation submits this statement for the pu	irpose of changi	ng its r	egistered	1
office or	registered agent, or both, in the State am familiar with, and a cept the oblig	e of Florida. Such change was ations of Section 607.0505. Fl	authorized orida Stati	i by the corpora utes.	ation's board of directors. I hereby accept to	іле арроіпітені	as regi	stereo	
SIGNATURE	Signature typed or printed name of registered ag	ent and title if applicable. (NOT	E: Registered	Agent signature requ	uired when reinstating)	DATE			6
12.	OFFICERS	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC				(11/98)
TITLE	D	DELETE 1.1 TI		TLE		☐ Ch	ange	☐ Addition	È
NAME	JENKINS, DAVID W		1.2 N	WE				l	8
STREET ADDRESS	8134-C THAMES BLVD		1.3 \$1	REET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL	_	1.4 CI	TY-ST-ZIP					CR2E034
TITLE	D	DELETE	2.5 TV	TLE .		Ch	ange	Addition	Ö
NAME	CHINSHUE, PATRICK N.	/ \	2.2 N	we					ĺ
	6236 COUNTRY FAIR CIRCLE			REET ADDRESS					ĺ
-CITY-ST-ZIP	BOYNTON BEACH FL			ITY-ST-ZIP					Ĺ
TITLE	BOTH ON BEACHTE	DELETE	3.1 TI				iange	Addition	
			3.2 N/			_	-		
NAME			- 1	REET ADDRESS					
STREET ADDRESS	3			}					
CITY-ST-ZIP		☐ DELETE	4.1 TI	TY-ST-ZIP			ance	Addition	ĺ
TITLE							u. igo		
NAME			4.2N						
STREET ADDRESS	\$			REET ADDRESS					ĺ
CITY-ST-ZIP		□ ACLEYC		TY-ST-ZIP				Addition	
TITLE		DELETE	5.1 TI	<b>I</b>		_ ∪ ↔	orige		į
NAME			5.2 N	i					i
STREET ADDRESS	S			REET ADDRESS				ĺ	İ
CITY-ST-ZIP				TY-ST-ZIP				<u> </u>	ļ
TITLE		☐ DELETE	6.1 TE			□c⊦	ange	Addition	
NAME			6.2 N	VME					ĺ
STREET ADDRESS			6.3 ST	REET ADDRESS					i

6.4 CITY-ST-ZIP

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 comporation 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 Changes or on an attachment with an address, with all other like empowered.