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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000033881

Corporation Name

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

04-19-1999 90097 029 ***150.00

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Principal Place	e of Busines	······································	Mai	ling Address					- I 1881)881 HR 1811) BIBN 961	15 80 44 0		18181 1181 1881
13927 DOUBLETREE TRAIL WEST PALM BEACH FL 33414 13927 DOUBLETREE TRAIL WEST PALM BEACH FL 33414								DO NOT W	/RITE IN THIS	SPACE		
							•		3. Date Incorporated or Qualif		OF ACE	 1
1									05/02/1994			
2. Principal Pl	lace of Rusii	ness	2a.	Mailing Address					4. FEI Number	··	Apr	olied For
 				26					65-0489488			Applicable
Suite, Apt.	#, etc.	-		Suite, Apt. #, etc.				· · · · · · · · · · · · · · · · · · ·			\$8.75 A	dditional
22 City & State			27						5. Certifcate of Status Desired		Fee Re	quired
- City & State	e'	· · · · · · · · · · · · · · · · · · ·		City & State					6. Election Campaign Financi	^{ng} □	\$5.00	
23			28		_				Trust Fund Contribution .		Added to	Fees
Zip Country			—	Zip Country				8. This corporation owes the current year Intangible				
24		25	29		30				Personal Property Tax. 10. Name and Address of Ne	Dowletowed		□No
	9. Name	and Address of Curr	ent Registe	ered Agent		81	Nam	10	10. Name and Address of Ne	w Kegisteren	Wäeur	
ALIA BIJA	DETTE, SU	ISAN C										
		ETREE TRAIL				82	Stre	et Addre	ess (P.O. Box Number is Not Acco	eptable)		
		EACH FL 33414				83	 					
1120		EVOLLI È 00414				00			•			
ļ						84	City			FL	85 Zip C	ode
11 Pursuant	to the provis	sions of Sections 607 0	502 and 60	7 1508. Florida Stati	ites, the	above	le-nam«	ed corpo	oration submits this statement for	the nurnose of	changing its	registered
office or n	enieterad ac	gent, or both, in the Sta with, and accept the obli	te of Florida	i. Such change was	authoriz	zed by	the co	rporatio	n's board of directors. I hereby ac	cept the appoi	ntment as reg	gistered
SIGNATURE												
255000000000000000000000000000000000000						rend Acros	ot eignet			DATE		I .
42	Signature, types			··-	- i		nt signatu	re required	ADDITIONS/CHANGES TO	OFFICERS AN	ID DIRECTO	RS IN 12
12.				··-	1	ored Ager 3. 1 TITLE	nt signatu	Le tedrited	ADDITIONS/CHANGES TO		ID DIRECTO	RS IN 12
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP