## FILE NOW: FILING FEE AFTEK MAY 151 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

94000036579

Principal Place of Business

Mailing Address

## Jun 01, 1999 8:00 am **Secretary of State**

06-01-1999 90028 007 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed Principal Place of Business 2a. Mailing Addres Applied For 26 20 800 N Not Applicable Suite: Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 Мау ве Trust Fund Contribution Added to Fees Zip. Country Country This corporation owes the current year Intangible 7.4 25 45A Personal Property Tax. □No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 82 83 ons of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register. In the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as renist and accept the appointment as renist. 11. Pursuant to the agent, I am SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE Change ☐ Addition NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 14 CITY-ST-ZIP TITLE 2.1 TITLE ☐ Change Addition 2.2 NAME == I AUDRESS 23 STREET ADDRESS -ST-ZIP 2. 4 CITY-ST-ZIP ☐ DELETE 317016 Change ☐ Addition 3.2 NAME TILI AUDRESS 3.3 STREET ADDRESS ST-ZIP 3 4. CITY-ST-ZIP ☐ DELETE 4.1 TITLE Change ☐ Addition 4. 2 NAME "LLI ADDRESS 4.3 STREET ADDRESS - ST-ZIP 44 CITY-ST-ZIP ☐ DELETE 5.1 TITLE ☐ Change Addition 5.2 NAME \_\_ / AUUNESS 5.3 STREET ADDRESS 5,4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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 of 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 copy of the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in address, with all other like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR