Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90136 042 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000038173**

1. Corporation Name

WIIOTIALE	L P. Murawski, ESQ., P.A.				
Principal Place	e of Business	Mailing Address			
200 S.E. 6TH S	TREET	200 S.E. 6TH STREET			
306	DALE EL 22201	306 FORT LAUDERDALE FL 3330	Ī	DO NOT WRITE II	N THIS SPACE
FORT LAUDERC	JALE PL 33301	US US	 	-3 Date incorporated or Qualified	
•		•		05/20/1994	
2. Principal P	lace of Business 7 7151 STruct	2a. Mailing Address	11 . 1	4. FEI Number	Applied For
21 117	7 7151 STreet	26 1177 71	st street	65-0496095	Not Applicable
Suite, Apt.	<u> </u>	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State . D	100	6. Election Campaign Financing	\$5.00 May Be
23 M.A.	m. Beach Fl.	28 Misson. Ber		Trust Fund Contribution	Added to Fees
Zip	Country	Zip > ? (L / -	Country	8. This corporation owes the current y	
24 331	41 25 USA	29 3314 3	o USA	Personal Property Tax. 10. Name and Address of New Regis	Yes No
	9. Name and Address of Current	t Registered Agent	81 Name	10. Name and Address of New Regis	stered Agent
COR	PORATE CREATIONS ENTERPRIS	SES INC.	Traine		
	PGA BLVD. STE. 211		82 Street Add	lress (P.O. Box Number is Not Acceptable)	
	M BEACH GARDENS FL 33418		83		
*****	W 25 (61) 45 (1,62) 12 55 15		55	<u></u>	
			84 City		FL 85 Zip Code
		2 CO7 1E09 Florido Statutos	the above named com	poration submits this statement for the purp	pose of changing its registered
	to the provisions of occitors our local		,	be and of dispetate I horoby googst the	annointment se registered
office or r agent. I a	registered agent, or both, in the State or im familiar with, and accept the obligat	of Florida. Such change was aut	horized by the corporati	ion's board of directors. I hereby accept the	g appointment as registered
office or r	registered agent, or both, in the State of im familiar with, and accept the obligat Signature, typed or printed name of registered agen	of Florida. Such change was aut ions of, Section 607.0505, Florid	horized by the corporati	ed when reinstating)	DATE
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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 corporation or the receiver of 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 attacking it an attacking the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of 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 attacking the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of 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 attacking the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

6.4 CITY-ST-ZIP

SIGNATURE:

MURAWSK'