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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000041318**1. Corporation Name

Principal Place of Business  Malling Address  571 N UNIVERSITY DR PLANTATION FL 33324  Malling Address  PLANTATION FL 33324								
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Principal Plac	ce of Business							11891 1811 1891
PLANTAHON	·L 33324	PLANIATION F	·L 33324			DO NOT WRITE IN THIS	S SPACE	
					•	3. Date incorporated or Qualifed		
				*		05/31/1994		j
2. Principal F	Place of Business	2a. Mailing Ad	dress			4, FEI Number	Ap	plied For
21	-	26	<u>.</u>			65-0509363		t Applicable
Suite, Apt.	·	Suite, Apt.	•			5. Certifcate of Status Desired	\$8.75 A Fee Re	quired
City & Stat	te	City & Sta	ite	:	in the second of		<b>_\$5.00</b> Added to	
Zip	Country	Zip		Country		8. This corporation owes the current year In	tangible	
24	25	29	30	<u> </u>	•	Personal Property Tax.		□No
	9. Name and Address of C	urrent Registered Ager	<u>1t                                      </u>	81	Name	10. Name and Address of New Registered	Agent	
BUS	SH, JAMES N		•	61	Name			
∑03042	2 N FEDERAL HWY			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	•	
	AUDERDALE FL 33306			83				1 41 10 10
					a:.	g g g g g g g g g g g g g g g g g g g	1 2 2 2 2	<b>建制剂 4分</b>
				84	City	FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, Flo	orida Statutes,	the above	-named corpo	pration submits this statement for the purpose of n's board of directors. I hereby accept the appo	f changing its	registered
agent. I a	registered agent, or both, in the t im familiar with, and accept the c	state of Florida. Such chi obligations of, Section 60	ange was auth 7.0505, Florida	onzeo by a Statutes.	tne corporatio	in s board of directors. I hereby accept the appo	ınımenı as reç	Jisterea
SIGNATURE								
12.	Signature, typed or printed name of register	nd agent and title if applicable						(
	, VECIVED		(NOTE: Re		t signature required	when reinstating)  DATE  ADDITIONS/CHANCES TO DESIGE S AN	ND DIDECTOR	DC IN 42
TITLE		S AND DIRECTORS	(NOTE: Re	13.	t signature required	when reinstating) / DATE ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTO	RS IN 12
	PSEC	S AND DIRECTORS	• •	13.	t signature required			
TITLE		S AND DIRECTORS	• •	13. 1.1 TITLE				
TITLE NAME	PSEC DANIELS, MAXINE	S AND DIRECTORS	• •	13. 1.1 TITLE 1.2 NAME	ADDRESS			
NAME STREET ADDRESS	PSEC DANIELS, MAXINE 571 N UNIVERSITY DR	S AND DIRECTORS	• •	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS			
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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

CITY-ST-ZIP

**FILED** 

Jan 28, 1999 8:00am

**Secretary of State** 

01-28-1999 90052 012 \*\*\*150.00