## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT CORPORATION** ANNUAL REPORT 1999

CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Sep 20, 1999 8:00 am Secretary of State 09-20-1999 90004 035 \*\*\*550.00

DOCUMENT #	P94000041626
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1331 S DIXIE SUITE 10A POMPANO BE US	EACH FL 33060	54 NORMA AMITYVILL	Min Kim, C.P.A In Ave. E ny 11701	<b>.</b>		DO NOT WRITE  3. Date Incorporated or Qualified  06/03/1994		SPACE	oplied For
	Place of Business	2a. Mailing	Address			4. FEI Number			ot Applicable
21	. # -4-	26	Apt. #, etc.	<del></del>		65-0500267			Additional
Suite, Apt	. #, etc.	27				5. Certificate of Status Desired		Fêe R	
City & Sta	ite	City &	State		_	6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip		Country		8. This corporation owes the curre	ent year	1	DNo.
24	25	29		30		Intangible Personal Property.			₹No
	9. Name and Address of Curre	ent Registered A	gent		т.,	10. Name and Address of New R	legistered A	gent	
00	HEIDED COOTT	•		[81	Name				
	HEIDER, SCOTT DIS BIRCH RD			82	Street Addr	ress (P.O. Box Number is Not Accepta	ble)		
	7 3 DINOR NU T 711			-		- A		1	18,33.0
	LAUDERDALE FL 33316			83			A Block		13 13 1
				84	City			85 Zip	Code
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agent. 1	am tamiliar with, and accept the obti	igations of, section	n 607.0303, F1	ionoa Statutes	».	oration submits this statement for the pu ion's board of directors. I hereby accep			
signature	am familiar with, and accept the obii Signature, typed or printed name of registered as OFFICERS A	igations of, section	o. (N	IOTE: Registered A	».	ion's board of directors. I nereby acceptions and the reinstating and the reinstating and the reinstating acceptions and the reinstating acceptions are reinstating as a second acceptance of the reinstating acceptance and the reinstating acceptance acceptance and the reinstating acceptance acceptance and the reinstating acceptance acceptance and the reinstating acceptance acceptance acceptance acceptance and the reinstating acceptance accepta	DATE	DIRECTO	ORS 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 toystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changest or on an attachment with an address.

9/12/99