FILED

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90001 011 ***150.00

Daytime Phone #

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

•	1999	DIVISION OF C	ORPOR	ATI	ONS		03-05-1999 900	001 011	***150.0	00	
DOCUN 1. Corporation	MENT # P94000	042792	-								
10111 00	on orbinor						1 100 110 6 1 110 1011 01011 10111 60111 1		BIR (48) (86) (
Principal Place of Business Mailing Address							4 IMPLICATI ILE ABILI ALBIT BAILL ABILI A				
100 WEST CYPRESS CREEK RD. 100 WEST CYPRESS CREEK RD.											
#700 #700 Fort Lauderdale fl 33309 Fort Lauderdale fl 3330)9			DO NOT WRITE IN THIS SPACE				
TOTAL CROSCAL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					l l	Date Incorporated or Qualifed			}	
Principal Place of Business 2a. Mailing Address							06/08/1994 El Number		Apr	lied For	
21 21	lace of Business	26	¬ ' "			1	65-0518323			Applicable	
	uite, Apt. #, etc. Suite, Apt. #,								\$8.75 A		
22		27				3.			Fee Rec	<u> </u>	
City & State	e	City & State			i	Election Campaign Financing Frust Fund Contribution		\$5.00 h Added to			
Zip	Country	Zip	Cour	ntry			This corporation owes the current	year Inta	ngible		
24	25	29	30				Personal Property Tax.			□No	
	9. Name and Address of Current	t Registered Agent		81	T Ni	10.	Name and Address of New Reg	istered A	gent		
CDE	enspoon, gerald			81	Name						
100 W. CYPRESS CREEK RD.					Street Addre	ess (P.	Box Number is Not Acceptable	=)			
STE. 700				83							
FORT LAUDERDALE FL 33309									71 6		
					City			FL	85 Zip C	ode	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the at	bove	e-named corpo	oration	submits this statement for the pu	rpose of o	hanging its	egistered	
office or re agent. I as	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was au tions of, Section 607.0505, Flori	ithorized ida Statu	l by utes	the corporatio	on's boa	ira of directors. I nereby accept to	пе арропі	imeni as reg	istereu	
SIGNATURE											
	Signature, typed or printed name of registered agen		Registered	Agen	nt signature required		nstating) DDITIONS/CHANGES TO OFFIC	DATE	DIRECTOR	RS IN 12	
12. TITLE	OFFICERS AN	DELETE	1.5 TIT	LE			DEITIONO/CHANGES TO OTTIC	LINO MIN	Change	Addition	
NAME	ROELOFS, J.D.		1.2 NA							}	
STREET ADDRESS	100 W. CYPRESS CREEK RD., STE 700		1.3 STREET ADDRESS								
CITY-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY-ST-ZIP				•				
TITLE	VPST	☐ DELETE	2.1 TIT	LE				-	Change	Addition	
NAME	PERRAULT, MICHEL			2.2 NAME							
STREET ADDRESS	100 W. CYPRESS CREEK RD #700			2.3 STREET ADDRESS			the second second second		•		
CITY-ST-ZIP	FT LAUDERDALE FL	☐ DELETE	2.4 CF		ST-ZIP				☐ Change	Addition	
TITLE			3.1 TIT 3.2 NA						onange		
NAME STREET ADDRESS			1		TADORESS						
CITY-ST-ZIP			3.3.ST								
			1		ST-ZIP						
TITLE		☐ DELETE	3.4. CF 4,1 TIT	ΠΥ-S	ST-ZIP		 ,		☐ Change	Addition	
TITLE NAME		☐ DELETE	3.4. CF	TY-S			·	 -,	☐ Change	☐ Addition	
l i		☐ DELETE	3.4. CF 4.1 TIT 4. 2 N/	ny-s Tle Ame					☐ Change	Addition	
NAME			3.4. CF 4.1 TIT 4. 2 N/ 4.3 ST 4.4 CF	TY-S TLE AME TREET	T ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.4. CF 4.1 TIT 4.2 NA 4.3 ST 4.4 CF 5.1 TIT	TY-S TLE AME TREET TY-S	T ADDRESS				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			3.4. CF 4.1 TIT 4. 2 NA 4.3 ST 4.4 CF 5.1 TIT 5.2 NA	TY-S TLE AME TREET TY-S TLE VME	T ADDRESS T- ZIP		·				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.4. CF 4.1 TIT 4. 2 N/ 4.3 ST 4.4 CF 5.1 TIT 5.2 NA 5.3 ST	TY-S TLE TY-S TLE WE TREET	T ADDRESS T-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.4. CF 4.1 TIT 4. 2 NA 4.3 ST 4.4 CF 5.1 TIT 5.2 NA	TY-S TLE AME TY-S TLE UME TY-ST	T ADDRESS T-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3.4. CI 4.1 TIT 4.2 NA 4.3 ST 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI 5.4 CIT	TY-STILE TY-STILE TY-STILE TY-STILE TY-STILE	T ADDRESS T-ZIP				☐ Change	Addition .	

6.4 CITY-ST-ZIP 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 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.

SIGNATURE: 🗹