**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90203 020 \*\*\*150.00

## DOCUMENT # P9400054764 1. Corporation Name

SANUNA	G. KNAWIIZ F.A											
Principal Place	of Business	Mailing Address					( indiinds iin	12111 91911 99111 1			******	
1900 GLADES RE	D	1900 GLADES RD										
STE 357 STE 357								DO NOT WE	ITE IN THIS	SPACE	=	
BOCA RATON FL 33431  BOCA RATON FL 33431							DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed					
US US						3.	07/25/1994	ou or accomo				
2 Principal Pla	oco of Rusiness	2a. Mailing Address				-	FEI Number				Ann	lied For
<del>-</del>			11633				65-0506978	•	*	-	+ **	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.						· ·		\$8.		ditional
22	,	27				5.	. Certificate of Sta	itus Desired		Fe	e Req	luired
City & State		City & State				6.	. Election Campa	ign Financing		\$5	۸ 00.	/lay Be
23		28					Trust Fund Con				ded to	
Zip	Country	Zip	Cou	intry		8.	. This corporation	owes the cu	rrent year In		_	
24	25	29	30				Personal Prope			Yes	[	□No
	9. Name and Address of Curren	t Registered Agent				10.	. Name and Add	lress of New	Registered	Agent		
.,44.4.4	MET CANDON C			81	Name							
	ATZ, SANDRA G			82	Street A	ddress (F	P.O. Box Number	is Not Accep	table)			
	GLADES RD					· `						
STE 3	· =			83								
	A RATON FL 33431			84	City				·	85	Zip C	ode
				1 1					FL	_		
BOCA	o the provisions of Sections 607.050	2 and 607.1508, Florida Sta	itutes, the a	bove	-named c	orporatio	on submits this sta	tement for the	e ourpose of	changir	ng its r	egistered
11. Pursuant to office or reagent. I am SIGNATURE	o the provisions of Sections 607.050 gistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change wa tions of, Section 607.0505,	s authorized Florida Stat	utes.	named c	ration's b	oard of directors.	tement for the	e purpose of ept the appo	changir	ng its r as regi	egistered istered
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64 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 for on an attachment with an address, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

541-395-5010