PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 01, 1999 8:00 am Secretary of State

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	28		_		Trust Fund Contribution		Added	D Fees	
Country	Zlp	Coun	try		8. This corporation owes the cur	rent year Inta			
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9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New	Registered /	Agent		
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to the provisions of Sections 607.0	0502 and 607.1508, Florida Statutes	s, the ab	ove-named o	corpora	tion submits this statement for the	purpose of	changing its	registered gistered	
to the provisions of Sections 607.0 egistered agent, or both, in the Starm familiar with, and accept the obl	0502 and 607.1508, Florida Statutes ate of Florida, Such change was aut ligations of, Section 607.0505, Florid	s, the ab thorized da Statut	ove-named oby the corpo	corpora pration's	tion submits this statement for the board of directors, I hereby acce	purpose of pt the appoin	changing its streent as re	registered gistered	
to the provisions of Sections 607.0 egistered agent, or both, in the Starn familiar with, and accept the obl	0502 and 607.1508, Florida Statutes ate of Florida, Such change was aut ligations of, Section 607.0505, Florid	s, the ab thorized da Statul	ove-named oby the corpoles.	corpora corpora	tion submits this statement for the board of directors, I hereby acce		changing its itment as re	registered gistered	
to the provisions of Sections 607.0 egistered agent, or both, in the Starrn familiar with, and accept the obling signature, typed or printed name of registered			ove-named oby the corpoles.		on reinstating)	DATE			(8)
Signature, typed or printed name of registered	agent and tille if applicable. (NOTE: R AND DIRECTORS	Regustered A	gent signeture re			DATE	D DIRECTO	PRS IN 12	1/98)
Signature, typed or printed name of registered	agent and title if applicable. (NOTE: R	Registered A	gent signeture re		on reinstating)	DATE			(11/98)
Signature, typed or printed name of registered OFFICERS	agent and tille if applicable. (NOTE: R AND DIRECTORS	Regustered A	gent signeture /*	equired wh	on reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECTO	PRS IN 12	34 (11/98)
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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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; 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

SIGNATURE: **\(\)**