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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Mar 11, 1999 8:00 am Secretary of State Katherine Harris

03-11-1999 90032 015 ***150.00

DOCUN 1. Corporation LAINGCO		078095					
Principal Place	of Business	Mailing Address			. i indiindi cin thic aidit antii ancii ancii ancii	II 1000 I 10111 I 1011	FIELET BILL TOOL
1402 ASBURY WAY BOYNTON BEACH FL 33426 US		1402 ASBURY WAY BOYNTON BEACH FL 33426 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/13/1994			
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied F.		oplied For	
21		26		_	65-0524441	No.	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional
22		27			5. Certificate of Status Desired	Fee Re	equired
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip			Cou	ntry	8. This corporation owes the current year I		_/
24			30		Personal Property Tax.	☐ Yes	No
	9. Name and Address of Curren	t Registered Agent		81 Name	10. Name and Address of New Registere	d Agent	*
LAING, TAMARA S 1402 ASBURY WAY BOYNTON BEACH FL 33426				82 Street Add 83 City	ress (P.O. Box Number is Not Acceptable)		Code
SIGNATURE	Signature, typed or primed name siregistered agen	nt and title if applicable. (NOTI	tes, the al authorized orida Statu E: Registered	1) _	poration submits this statement for the purpose ion's board of directors. I hereby accept the applied when reinstating)	[7]	
12.		D DIRECTORS	11/1	, , , , , , , , , , , , , , , , , , ,	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	·		Y				
NAME	LAING, TAMARA S		i				
STREET ADDRESS	000: 111:01:100			REET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP		☐ Change	
TITLE	01		2.1 Π			stange	
NAME	Dairo, Hobriel V		2.2 N		,		1
STREET ADDRESS				REET ADDRESS	1)
CITY-ST-ZIP			2. 4 C	rty-st-zip		Change	Addition
TITLE							
NAME	t e e e e e e e e e e e e e e e e e e e		3.2 N	, , , , , , , , , , , , , , , , , , ,			}
STREET ADDRESS			REET ADDRESS	•		1	
CITY-ST-ZIP			TY-ST-ZIP		☐ Change	Addition	
TITLE	4						
NAME			4. 2 N				1
STREET ADDRESS				REET ADORESS			
CITY-ST-ZIP		DELETE	_	TY-ST-ZIP		☐ Change	☐ Addition
TITLE			5.1 TI 5.2 N/			□ ouende	
NAME !				REET ADDRESS			
STREET ADDRESS				TY-ST-7/P			

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 of 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 express with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Change

☐ Addition