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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 27, 1999 8:00 am Secretary of State

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1. Corporation Name

NEW STYLE 2000, INC.

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Principal Plac	e of Business	Mailing Address			UIST UUSII UUTUI IUTTI UUSKAT USI	A IBIIA REII EARE
7525 E Trea	Sure Dr # 3'F'	7525 E Treasure Dr #	<b>み</b> € ″			
SUITE OLS		GUITE 1815	_		TT 111 TING OD LOT	
NORTH BAY VILLAGE FL 33141 NORTH BAY VILLAGE FL 33141		11		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed 11/02/1994		
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	A	pplied For
17525	ETREASURE Dr	26 TICS 6. TEELS	Sore Dr	65-0532858	N	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.	<del></del>	5. Certifcate of Status Desired	\$8.75	Additional
22 3	· e "	27 5 '2"		3. Certificate of Status Desired	Fee R	equired
City & Sta		City & State 28 North Buy	UllAGE	6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Country	8. This corporation owes the curr		10.100
3514		29 33141 30	¬ ~/ l	Personal Property Tax.	Yes	□No
	9. Name and Address of Curren		<del></del>	10. Name and Address of New I	Registered Agent	
	<del></del>		81 Name	<del></del>		
	RCIA, GEORGE L		82 Street Add	dress (P.O. Box Number is Not Accept	ablo)	
	S.W. 25 AVE.		62 Street Add	iress (P.O. Box Number is Not Accept	able)	}
	TE 205		83			
MIA	MI FL 33135		04 04		as 7in	Code
			84 City	•	FL 85 Zip	Code
office or	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligation	of Florida. Such change was autho	brized by the corporati	poration submits this statement for the ion's board of directors. I hereby accept	purpose of changing its pt the appointment as re	gregistered egistered
agent. I a	and accept the conga	(10) 01, 000(10) 001,0000, 110,100			•	
agent. I a	· · · · · · · · · · · · · · · · · · ·			ed when reinstating)	DATE	
ŭ	Signature, typed or printed name of registered ager		gistered Agent signature require	ed when reinstating) ADDITIONS/CHANGES TO OF		ORS IN 12_
SIGNATURE	Signature, typed or printed name of registered ager	it and title if applicable. (NOTE: Reg	gistered Agent signature require			DRS IN 12
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	at and title if applicable. (NOTE: Reg D DIRECTORS	gistered Agent signature require		FICERS AND DIRECT	
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4. 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:

CR2F034 (11/9