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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P94000089546**1. Corporation Name

Principal Place of Business	Mailing Address	
10105 NW 88TH AVE:	10105 NW 88TH AVE.	
MEDDLEY FL 33178	MEDDLEY FL 33178	

FILED Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90024 021 ***150.00



10105 NW 88TH MEDDLEY FL 33			10105 NW 88TH AVE. MEDDLEY FL 33178				DO NOT WRITE IN THIS SPACE			
							 Date Incorporated or Qualifed 12/09/1994 			
2. Principal Pla	ace of Business	2a.	Mailing Address				4. FEI Number			Applied For
21	•	26					64-0545898			Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			•	5. Certificate of Status Desired			Additional
22		27					3. Certificate of States Basilos		Fee:	Required
City & State	9		City & State				6. Election Campaign Financing	¹ □	\$5.0	0 May Be
23		28					Trust Fund Contribution	ن 	Adde	d to Fees
Zip	Country		Zip	Cou	intry		8. This corporation owes the cu	rrent year I	ntangible	
24	25	29		30			Personal Property Tax.		☐ Yes	□No
<u>-:</u>	9. Name and Address of Current						10. Name and Address of New	Registere	d Agent	
			tant file is		81	Name				
	DMAN, CHARLES J				82	Street Add	ress (P.O. Box Number is Not Accep	table)		
601 S. FEDERAL HWY						Street Addi	read (1.0. Dox Hambor to Herritore	70 4 85 - × TF	A	a y acceptance contributes
HOLI	LYWOOD FL 33020				83		१८८८ मासू लाग है है रही सुद्ध नहीं है होई दूस दूस है और		A OFFICE OF THE PARTY OF THE PA	
					84	City	A STATE OF THE STA	F		ip Code
spent success	to the provisions of Sections 607.050:	<u></u>	107 4500 Flerido Statu	ton the o	hove	named corr	poration submits this statement for th	e purpose :	of changing	its registered
office or re agent. I a	to the provisions of Sections 607.050. egistered agent, or both, in the State of m familiar with, and accept the obligations.	of Florid tions of	da. Such change was , Section 607.0505, Fl	authorized orida Stat	d by utes.	the corporati	on's board of directors. I hereby acc	ept the app	ointment as	registered
SIGNATURE	· · · · · · · · · · · · · · · · · · ·		·				ed when reinstating)] . (A. ()	DATE		
	Signature, typed or printed name of registered agen	nt and title	if applicable. ' (NOT		1 Agen	it signature require	ed when reinstaung) a trace	DATE		
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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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS