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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P94000090829
Corporation Name	. 0.0000000

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/01/1995 4. FEI Number 65-0542077 Suite, Apt. #, etc. 5. Certificate of Status Desired 7. City & State 7. City & State 8. This corporation owes the current year Intangible 8. This corporation owes the current year Intangible 9. Name and Address of Current Registered Agent CAMPBELL F. EPES 1541 E OAK KNOLL CIRCLE FT. LAUDERDALE FL 33324 1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Sections 607.0505, Florida Statutes. SIGNATURE Signature. lyred or printed name of registered agent and libio if applicable. NOTE. Registered Agent required when reinstating) DATE	Principal Place of Business 538 BAYSHORE DRIVE FORT LAUDERDALE FL 33304	Mailing Address 1541 EAST OAK KNOLL CIRC FORT LAUDERDALE FL 3332				
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. FEI Number 65-0542077 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State 28 Zip Country Zip Country Zip Country Zip Country Added to Fees 30 9. Name and Address of Current Registered Agent CAMPBELL F. EPES 1541 E OAK KNOLL CIRCLE FT. LAUDERDALE FL 33324 81 Name CAMPBELL F. EPES 1541 E OAK KNOLL CIRCLE FT. LAUDERDALE FL 33324 84 City FL 85 City Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. KIGNATURE Signature. Typed or printed name of registered seent and title if applicable. (NOTE: Registered Agent signature required when reliasting) DATE	US	OH			DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 2. Mailing Address 3. Mailing Address 4. FEI Number 65-0542077 Not Applicate Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. Suite Address of Status Desi					,	
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Zip Country 30 Personal Property Tax. Yes No Personal Property Tax. Yes No CAMPBELL F. EPES 1541 E OAK KNOLL CIRCLE FT. LAUDERDALE FL 33324 81 Name Campaign Financing Fee Required \$5.00 May Be Added to Fees Added to Fees No Personal Property Tax. Yes No Yes No To Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 81 Name Campaign Financing Fee Required \$5.00 May Be Added to Fees No Yes No Yes No To Name and Address of New Registered Agent 11. Name Campaign Financing Fee Required Fees Required 12. Thus Fund Contribution No May Be Added to Fees No Yes No Yes No To Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		A Mailine Address				Applied For
Suite, Apt. #, etc. Suite, Ap	· · · · · · · · · · · · · · · · · · ·				· · ·	
City & State City & State 28 City & State 28 City & State 28 City & State 29 30 Syname and Address of Current Registered Agent CAMPBELL F. EPES 1541 E OAK KNOLL CIRCLE FT. LAUDERDALE FL 33324 10. Name and Address (P.O. Box Number is Not Acceptable) 81 City FL 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 City FL 86 City FL 86 City FL 87 Code City FL 87 Code City FL 88 City FL	Suite, Apt. #, etc.	Suite, Apt. #, etc.				\$8.75 Additional
Zip Country Zip Country Zip Country Personal Property Tax. Yes No No Personal Property Tax. Yes No	City & State	City & State		_	1 - 11	• • •
9. Name and Address of Current Registered Agent CAMPBELL F. EPES 1541 E OAK KNOLL CIRCLE FT. LAUDERDALE FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	Zip Countr	y Zip	_	,		
CAMPBELL F. EPES 1541 E OAK KNOLL CIRCLE FT. LAUDERDALE FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	I - I		,		10. Name and Address of New Register	ed Agent
FT. LAUDERDALE FL 33324 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		2.5			Address (P.O. Box Number is Not Acceptable)	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·		83			
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				'	-	L
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	office or registered agent or both	in the State of Florida. Such change was aut	thorized by	the corpo	corporation submits this statement for the purpose pration's board of directors. I hereby accept the ap	of changing its registered pointment as registered
Signature, typed or printed name or registered agent and time in applicable. (NOTE: Registered Agent agents agents.)	SIGNATURE	ACCOUNT OF THE PARTY OF THE PAR	Damietoned 4 -	nt elegatives s	populared when principalities.	
		a of registered agent and title if applicable. (NO) E: R	13.	agnature it	oquito into including,	AND DIRECTORS IN 12

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P DELETE	1.1 TITLE	☐ Change ☐ Addition			
NAME	EPES, CAMPBELL F	1.2 NAME	·			
STREET ADDRESS	1541 EAST OAK KNOLL CIRCLE	1.3 STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL 33324	1.4 CITY-ST-ZIP				
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition			
NAME		2.2 NAME	j			
STREET ADDRESS		2.3 STREET ADDRESS				
CITY-ST-ZIP		2.4 CITY-ST-ZIP				
TITLE	DELETE	3.1 TTLE	☐ Change ☐ Addition			
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3.4. CITY-ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition			
NAME		4. 2 NAME	·			
STREET ADDRESS		4 3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition			
NAME		5.2 NAME	, ,			
STREET ADDRESS		5.3 STREET ADDRESS	·			
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition			
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS	•			
CITY-ST-ZIP		6.4 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 emplemental 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, proon an attachment withyan appless with all other like empowered.

SIGNATURE: