**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

SUITE 220  W PALM BCH FL 33409 US  2. Principal Place of Business 21  Suite, Apt. #, etc.  22  LOXAHATO  LOXAHATO  LOXAHATO  2a. Mailin  2b. Suite, Apt. #, etc.  27	
2247 PALM BEACH LAKES BLVD SUITE 220 W PALM BCH FL 33409 US  2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State City & State 28	
SUITE 220   LOXAHATO	ddress
21   26   Suite, Apt. #, etc.   27   City & State   City & State   28	H ST NORTH CHEE FL 33470
26   Suite, Apt, #, etc.   Suite, 27	ng Address
Suite, Apt. #, etc.   Suite,	
City & State City & 28	Apt. #, etc
City & State City & 28	
20	& State
1 24	Country
24 25 29	Country
9. Name and Address of Current Registered	30

**FILED** Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90044 036 \*\*\*150.00

1. Corporation															
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Principal Place				Address				ļ							
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2. Principal Pla	ace of Busin	ess	2a. Ma	iling Address	-				4. FEI Numbe			<u> </u>	+	led For	-
21			26						65-05466	<u> 567 .                                    </u>		- 00		Applicable	{
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24	9 Name	and Address of	Current Registere	d Agent	100				10. Name and	Address of Nev	v Registered	Agent			1
			<b>_</b>			81	Name								
	FORTH, DA					82	Street /	Addres	ss (P.O. Box Nur	mber is Not Acce	ptable)				1
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11. Pursuant	to the provis	ions of Sections 6	307.0502 and 607.1	508, Florida Statu	ites, the a	above	-named	corpor	ration submits thi	s statement for t	cent the and	pintment	as regi	stered	
		ions of Sections 6 ent, or both, in the ith, and accept the	607.0502 and 607.1 e State of Florida. S e obligations of, Se					corpor oration	ration submits thin's board of direc	tors. I hereby ac	cept the app	ointment	as regi	stered	
office or n agent. I a	egistered ag m familiar w	ent, or both, in the ith, and accept the	e obligations of, Sec	ction 607.0505, Fl	orida Stat	tutes.		01011011		tors. I hereby ac		ointment	as regi	stered	
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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 coporation of the receiver or tristee 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: