PROFIT CORPORATION ANNUAL REPORT .

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500003329

FILED Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90175 001 ***150.00

Principal Place of Business Mailing Address 31 GLENCAIRN RD PALM BEACH GARDENS FL 33418 Mailing Address 31 GLENCAIRN RD PALM BEACH GARDENS FL 33418					DO NOT WRITE IN THIS SPACE			
		2a. Mailing Address			3. Date Incorporated or Qualifed 01/12/1995	, 	I An	plied For
	ace of Business	26			65-0552149			t Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		-	5. Certificate of Status Desired		\$8.75 / Fee Re	Additional
City & State	3	City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
23 <u>j</u> 	Country	Zip	Countr	у	This corporation owes the cur Personal Property Tax.		ngibla Yes	□No
24	9. Name and Address of Curren		301		10. Name and Address of New	Registered A	gent	
	2. Idding also woniges of Colle	in trafficera an sufface	81	Name				
GEIGER, CYNTHIA 31 GLENCAIRN RD			82	2 Street Ad	dress (P.O. Box Number is Not Accep	table)		
PALIN	I BEACH GARDENS FL 33418		83	3			,	1
			84	City		FL	85 Zip 1	Code
	egistered egent, or both, in the State on familiar with, and accept the obliga	of Florida. Such change was au ations of, Section 607.0505, Flor	thorized by	y the corpora s.	rporation submits this statement for the tion's board of directors. I hereby access	opt the appoint $4-8$	tmerit as re	gistereu
SIGNATURE	Signature typed or printed name of registered regis	ent and tale if applicable. (NOTE:	Fegistered Age	ent signature requ	tion's board of directors. I hereby accepted when revisiting) ADDITIONS/CHANGES TO O	DATE	DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME	Signatury hyped or printed name of registered non OFFICERS AN JAMES GEIGER	ant and table if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME	ent signature requ	ired when reinstating)	DATE		
SIGNATURE 12. TITLE NAME STREET ADURESS	Signatury typed or printed name of registered right OFFICERS AN JAMES GEIGER 31 GLENCAIRN RD	ent and tale if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature requ	ired when reinstating)	DATE	DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZU'	Signatury hyped or printed name of registered non OFFICERS AN JAMES GEIGER	ent and tale if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME	ent signature requient signature	ired when reinstating)	DATE	DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADURESS	Signatury typed or printed name of registered right OFFICERS AN JAMES GEIGER 31 GLENCAIRN RD	ant and title if applicable. (NOTE: ND DIRECTORS DELETE	13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 22 NAME	ent signature requirement signature requirem	ired when reinstating)	DATE	DIRECTO	RS IN 12
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SIGNATURE 117. 117. 117. STREET ADDRESS CITY. 51-72' TITLE NAME STREET ADDRESS CITY-51-72' CITY-51-72'	Signatury typed or printed name of registered right OFFICERS AN JAMES GEIGER 31 GLENCAIRN RD	and and the if applicable. (NOTE: ND DIRECTORS DELETE DELETE	Fegisiared Age 13. 1.1 TITLE 12 NAME 13 STREE 14 CITY- 21 TITLE 22 NAME 23 STREE 2 4 CITY- 31 TITLE 32 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	ired when reinstating)	DATE	DIRECTO Change	RS IN 12 Addition
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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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED