**PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000003771

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90036 022 \*\*\*150.00

	CT PROGRAMMING SERVIC	jes, inu.	•			
Principal Place	a of Business	Mailing Address		i id mildet ifm i Bibt millt o Mil derre marre at	ilei <b>odiau</b> ersi r <b>os</b> ia a	5801    1   1   1   1   1   1   1   1   1
20547 OLD CLITLER RD., SUITE 101		20547 OLD CUTLER RD., SUITE 101				
MIAMI FL 33189		MIAM! FL 33189		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified		
				01/12/1995		
2 Principal P	lace of Business	2a, Mailing Address		4. FEI Number	App	olled For
	W. CAPE COROL PKWY,	28 1616 W. CAPE	CORAL PKWY	65-0576733	' Not	Applicable
Suite, Ap1.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22 23		27 238		S. Certificate bi Status Desired	Fee Res	beniup
City & State	e	City & State		6. Election Campaign Financing	\$5.00	
ZS -CAPE	EORAL FL	= CAPE CORAL,	f	Trust Fund Contribution	- Added to	Fees —
Zip	Country	Zip	Country	8. This corporation owes the current year		_
24 339	14 25 USA	29 33914 [	ω USA	Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ea Agem	
			81 Name C	ARMEN A. CANCEL		[
NAYLOR, BRUCE			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
6048 N.W. 53RD STREET						
CORAL SPRINGS FL 33067			83 628	STEVELYNN CIRCLE		J
					85 Zip C	ode
					L   34	787
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above-named con	poration submits this statement for the purpose	of changing its i	registered   dsfered
	egistered agent, or both, in the State o	s Florida, Such change was au	nonzeo by the corporat	HOLL & DOGLE OF CHARLOLD' LINGIDD'S SECONDS AND DE	70	,
office or n	m familiar with, and accept the obligat	ions/of, Section 607,0505, Florid	da Statutes.	ر س <b>و</b>	1 1G Q	ł
office of n agent, I a	A	ions/of, Section 607 8505; Florid	da Statutes.	poration submits this statement for the purpose lion's board of directors. I hereby accept the ap	30/99	أ
office or n agent, I a SIGNATURE	m familiar with, and accept the obligat	-111 _ Cans	la Statutes.  Registered Agent signature requir	red when reinstating) DATE		
agent, I a	X (Meanon)	and light applicable. [NOTE F	Registered Agent signature require 13.	red when rehalfding) 9ATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
office or n agent, I a SIGNATURE	Signature, typed or privated name of registered agent	t and life it applicable. [NOTE: F	Registered Agent signature required 13.	red when rehislating) pATE  ADDITIONS/CHANGES TO OFFICERS		
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office or n agent, I a SIGNATURE 12.	Significant speed or privated marins of registered speed OFFICERS ANI	and light applicable. [NOTE F	Tagustara Again signature requised to the signature requirement of the signature requi	ADDITIONS/CHANGES TO OFFICERS  AVILES, ISMAEL  1203 SW 48th TERRACE, KP	AND DIRECTOR (X) Change	RS IN 12
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office or n agent, I a SIGNATURE  12.  TITLE NAME STREET ADDRESS	OFFICERS ANI PT AVILES-RIVERA, ISMAEL VERSALLES 3A-D15	and light applicable. [NOTE F	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	AVILES, TSMAEL 1703 SW 48th TERRACE, AVIANE CORUL, FL 33914	AND DIRECTOR (X) Change	RS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information of this annual report or supplemental annual report is true and securate and that my signature shall have the same legal effect as if made under oath; that I set 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.

941-541-9704