PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # POSOOO26373

Suite, Apt. #, etc. Suite, Apt. #, etc.	Principal Place of Business 1321 DIXIE LEHICH ACRES FL 33936 LEHICH ACRES FL 33936 2. Principal Place of Business 3. Date Incorporation of Business 4. FEI Number 6. S-05-79567 Not Applicable 5. Certificate of Status Desired 5. Certificate of Status Desired Fee Required Fee Required 5. Certificate of Status Desired Fee Required Fees State 1. Name Address of New Registered Agent 1. Name And Address of New Registered Agent 1. Name Address of New Registered Agent 1. Name Address of New Registered Agent 1. Name Address of New Registered Agent 1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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	1. Corporation	n Name	020373			
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21 26 Sulte, Apt. #, etc. Sulte, Apt. #, etc. Sulte, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country 30 Personal Property Tax. 9. Name and Address of Current Registered Agent INVERGO, MICHAEL 1321 DIXIE LEHIGH ACRES FL 33936 10. Name and 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, 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, poped or printed name of registered agent and registered Agent agent agent. I work agestered Agent agent agent. I hereby accept the appointment as registered agent, poped or printed name of registered agent and title if applicable. (NOTE: Registered Agent agent agent agent agent agent or point agent agent agent agent agent agent are of registered agent agent agent agent or registered agent agen	Suite, Apt. #, etc.	l					
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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)(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 addgess, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

941 3686506 Daytime Phone #

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90156 045 ***150.00