**FILED** 

Feb 01, 1999 8:00am

**Secretary of State** 

02-01-1999 90032 005 \*\*\*150.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

1, Corporation	n Name	P95000 TING INTERNAT								
Principal Place of Business Mailing Address							<del></del>		<b>9881 9</b> 115 1 <b>36</b> 5	
1209 MANOR DRIVE SOUTH 1209 MANOR DRIVE SOUTH FT. LAUDERDALE FL 33326 FT. LAUDERDALE FL 33326								DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 04/10/1995				
2. Principal Place of Business				2a. Mailing Address					olied For	
21				26					Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 A		
City & State				City & State			•	6. Election Campaign Financing  Trust Fund Contribution  Added to	- 1	
Zip		Country		Zip		Country		8. This corporation owes the current year Intangible		
24	25 29 30			30				□No		
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent		
.,,LUN	N, LESLIE M					81	Name			
1209 MANOR DR. SOUTH FORT LAUDERDALE FL 33326						82	Street	Address (P.O. Box Number is Not Acceptable)	ie da abies be	
FURT LAUDENDALE FL 33320						[1] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2				
£ .			84	City	FL 85 Zip C	ode				
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 vision of the content of the conte								required when reinstating) . 1345 DATE 3	·	
12.	Signature, typed or p	OFFICERS AN				3.	it signature in	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	2S IN 12	
TITLE	PS	, OFFICERS AIR	D DINC	DELETE		1 TITLE		+5-75 (1-15)	Addition	
NAME	LUNN, LESLIE					2 NAME			<u> </u>	
STREET ADDRESS 1209 MANOR DR. SOUTH				·			ADDRESS		·	
CITY-ST-ZIP	FURI LAUD	ENDALE FL 33320				4 CITY-S1	Γ-ZIP	, , , , ,		
TITLE	!			DELETÉ		1 TTTLE		Change	☐ Addition	
NAME						2.2 NAME				
STREET ADDRESS							ADDRESS			
_CITY-ST-ZIP	<del></del>			DELETE	_	4 CITY-S	T-ZIP	Change	Addition	
TITLE. U∄	ALTERNATION NO.			Dereie		1 TITLE		Change	☐ ¥00µ0ii	
NAME IN THE PROPERTY OF THE PR					1 -	3.2 NAME 3.3 STREET ADDRESS				
STREET ADDRESS	TLAMBGROW	# R( 100)						[ / 一、一色影点、紫色点。紫色感觉		
CITY-ST-ZIP						4. CITY-S	T-ZIP	Change	Addition	
TITLE				☐ DELETE		TITLE			: Addition	
NAME STREET ADDRESS	역에 25일 보고 160		·	ing state of the s		2 NAME 3 STREET	ADDRESS			
CITY-ST-ZIP	* *			<u> </u>	4.	4 CITY-ST	r-ZIP	\$.		
TITLE				☐ DELETE	5.	1 TITLE		☐ Change	Addition	
NAME	•				5.3	2 NAME	,	24	.	
STREET ADDRESS	i he'	•			5.3	STREET	ADDRESS			

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 address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

REPORTED IN SHIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

☐ Change

Addition