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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90196 010 ***158.75

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Principal Place	e of Business		Mailing	Address					1 (11)	ı adı deden eddir dedi	ı du klır da lak d			HINE IEN 1881
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6630 NW 47TH ST CORAL SPRINGS FL 33067			6630 NW 47TH ST CORAL SPRINGS FL 33067]		DO NOT 14	IDITE IN TI	HIS SDAC	Œ		
								DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed						
									04/25/19		~~			
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2. Principal Place of Business			26 26						65-05749		., ., ., ., ., .,			Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					-			- M	<u>\$</u>		dditional	
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City & State	e			y & State					6. Election Car	npaign Financir	ng	\$	5.00	May Be
23			28						Trust Fund	Contribution		م	dded t	Fees
Zip	Co	untry	Zip)	Col	untry			8. This corpora	ation owes the o	urrent year		е	_/
24	25		29		30				Personal Pr			Yı		₩o
	9. Name and A	ddress of Currer	nt Registere	d Agent		 			10. Name and	Address of Ne	w Register	red Agent		
חחיי	ADELL WARRED	Α.				81	Name							
\	VIDELLI, WAINER	A				82	Street	Address	s (P.O. Box Num	ber is Not Acce	eptable)			
	NW 47TH ST	00007												
LOH	IAL SPRINGS FL	33007				83								
}	,					84	City					85	Zip C	ode
						<u> L.</u>					-	<u>- ["</u>	<u> </u>	1-4
11. Pursuant	to the provisions of egistered agent, or	Sections 607.050	02 and 607.1	1508, Florida Stat	utes, the a	above d by 1	named	corpora oration's	ation submits this s board of direct	s statement for t ors. I hereby ac	the purposicept the ar	e of chang opointmen	jing its t as reg	registered
agent, La	m familiar with, and	accept the obliga	ations of Sea	otion 607 DEDE E	lorida Stai	tutor.			· · · · · · · · · · · · · · · ·			•		
			anono or, co	cuon our oue, r	ionua Sta	iuies.					•			
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SIGNATURE			ent and title if app	licable (NO	TE: Registere	d Agent		required wh		CHANGES TO		AND DIF		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)(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.

SIGNATURE: