FILED

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90027 032 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000046691

	R CORPORATION	Mailing Address	<u>-</u>							
Principal Place of Business Mailing Address 6622 N.W. 48TH STREET % TRI STAR ACCOUNTING										
CORAL SPRINGS FL 33067 3200 N. MILITARY TRAIL. #201 BOCA RATON FL 33431				†			DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualife	d		
							06/12/1995			
2. Principal P	lace of Business	2a. Mailing Address			·		4. FEI Number	·	Ap	plied For
21		26					65-0635985		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27							5. Certifcate of Status Desired		\$8.75 A	
City & State City & State							6. Election Campaign Financing		\$5.00	Mou Bo
23		28			•		Trust Fund Contribution	, \square	Added i	
Zip				Country			8. This corporation owes the current year intangible			
24	25 29			30			Personal Property Tax.			
	9. Name and Address of Curren						10. Name and Address of New	Registered /	Agent	
				81	Name			 -		
LYNCH, COLLIN G 6622 N.W. 48TH ST.				82	Street	Addre	dress (P.O. Box Number is Not Acceptable)			
	IAL SPRINGS FL 33067			83						
				84	City			FL	85 Zip C	Code
44 5	to the provisions of Sections 607.050	0 4 007 4500 El :4- 01-4	45		<u> </u>					
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was tions of, Section 607.0505, Fl	authorized lorida Stat	by utes	the corp	oration	n's board of directors. I hereby acc	ept the appoir	tment as rec	jistered
-	Signature, typed or printed name of registered ager			Agen	it signature	required	when reinstating)	DATE		
12,	DEFICERS AN	ID DIRECTORS	13.	7. C		т	ADDITIONS/CHANGES TO C	FFICERS AN	☐ Change	Addition
TITLE	'	☐ bcreie	1,1 TI			-	•		☐ Change	L Addition
NAME	LYNCH, COLLIN G		1.2 N			Ì				- 1
STREET ADDRESS	6622 N.W. 48TH ST.				ADDRESS					}
CITY-ST-ZIP	CORAL SPRINGS FL 33067	□ DELETE		TY-S1	T-ZIP	↓		 		- Addition
TITLE	S	☐ DELETE	2.1 TI			1			☐ Change	Addition
NAME	LYNCH, KAREN E		2.2 N	ME						
STREET ADDRESS	6622 N.W. 48TH ST.	•	2.3 ST	REET	ADDRESS		•			
CITY-ST-ZIP	CORAL SPRINGS FL 33067		2.4 C		T-ZIP	↓		·		
TITLE		☐ DELETE	3.1 π			ļ	i		☐ Change	☐ Addition
NAME			3.2 N/	ME			• •		:	1
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			3.4 C		T-ZIP					TT A LEGIS
TITLE		☐ DELETE	4.1 Π						☐ Change	Addition
NAME			4. 2 N				·			
STREET ADDRESS					ADDRESS		• .			ļ
CITY-ST-ZIP			4.4 CI		r-ZIP	 				
TITLE		☐ DELETÉ	5.1 TF						Change	☐ Addition
NAME			5.2 N/						•	
STREET ADDRESS					ADDRESS	1				
CITY-ST-ZIP			5.4 Cf 6.1 TF		- ZIP	 	F 1		F7.65	- Addition
TITLE		☐ DELETE							Change	ير Addition □
NAME			6.2 N/		1Bmc=	1				i^{r}
STREET ADDRESS			6.3 ST	KEET	ADDRESS	1				1

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 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 changed, or on an attaching the more appears in 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 changed, or on an attaching 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 changed, or on an attaching 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Date

Daytime Phone #