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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jan 29, 1999 8:00am Secretary of State

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24	25	29	·	30				Personal Prope	<u> </u>		Yes	□No
<u></u>	g. Name and Address of Cu	rrent Register	red Agent		11	Name -	10,	Name and Add	iress of I	lew Registere	d Agent	· - '
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ļ				[8	34	City			, , , , , , ,		<b>85</b> Zip	Code
41 Pursuant	t to the provisions of Sections 607	.0502 and 607	1508. Florida Statu	ites, the abo	<u> </u>	named como	oration	submits this sta	tement fo	r the purpose	of changing its	registered
l office or	registered agent, or both, in the Sam familiar with, and accept the of	tate of Florida:	Such change was	autnonzea t	א עכ	e corporation	n's boa	ard of directors.	I hereby	accept the app	ointment as re	gistered
SIGNATURE		ongations of, c		Orida Otaluk	<b>.</b> .							
SIGNATURE	Signature, typed or printed name of registered	agent and title if ap	plicable. (NOT	E: Registered Ag	gent s	ignature required	when rei	instating)		DATE		<del></del>
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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.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNACUS ERECUINGS
TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.12-97-

Daytime Phone 4

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