## 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 # P95000056652

Principal Place of Business	Mailing Address	
1827 S.W. CONGRESS BLVD. BOYNTON BEACH FL 33426	1827 S.W. CONGRESS BLVD. BOYNTON BEACH FL 33426	

## Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90020 019 \*\*\*150.00



Principal Place of Business Mailing Address						( (					
1827 S.W. CONGRESS BLVD. 1827 S.W. CONGRESS BLVD.											
BOYNTON BEACH FL 33426		BOYNTON BEACH FL 33426			DO NOT WRITE IN THIS SPACE						
						3 Date	ncorporated or Qualifed	12 11 11110	<u> </u>		
						J	1/1995			Í	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI N	<del></del>		A	pplied For	
		26	26			65-0	605376		N	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5 Certifo	ate of Status Desired		, -	Additional	
22		27				3, 001				equired	
City & State	е	City & State				-	on Campaign Financing			May Be	
23		Zip Country			<del></del>	Fund Contribution	and upper left		to Fees		
Zip	Country	Zip 30	_	цу			orporation owes the cur rial Property Tax.	rem year iii.	X Yes	□No	
24	9. Name and Address of Current	<del></del>	<u>'1.                                    </u>				and Address of New	Registered			
	3. Name and Address of Current	Trogiotorea rigeria		B1	Name			<u> </u>			
ROSADO, RICHARD J			-	B2		· · · · · · · · · · · · · · · · · · ·					
1827	S.W. CONGRESS BLVD.		'	52	Street Addr	eet Address (P.O. Box Number is Not Acceptable)					
BOY	NTON BEACH FL 33426		Ī	B3				<u>-</u>			
			į.	0.4	Cit.				85 Zip	Code , .	
				84	City		and the second	FL		2545 92 · [	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the ab	ove-	-named corp	oration subm	its this statement for the	purpose of	changing it	s registered	
office or re agent. Fai	egistered agent, or both, in the State of medical manufacturing and accept the obligations.	ਰ Florida. Such change was auth ions of, Section 607.0505, Florid:	ionzed a Statut	ου τ tes.	ne corporatio	on's board or	directors. I nereby acce	hr me appoi	illuifeiil as i	ogistored	
SIGNATURE											
	Signature, typed or printed name of registered agent			gent	signature required	d when reinstating		DATE	ID DIDEOT	ODC IN 43	
12.	OFFICERS AND	D DIRECTORS	13. 1.1 TITL			ADDITI	ONS/CHANGES TO OF	FICERS AF	Change		
TITLE	D ROSADO, RICHARD J	- Deceir	1.2 NAM						L_ onnenge		
NAME	1827 S.W. CONGRESS BLVD.				ADDRESS						
STREET ADDRESS	BOYNTON BEACH FL 33426				l l					Ì	
CITY-ST-ZIP TITLE	DELETE		1.4 CITY-ST-ZIP					Change	Addition		
NAME			2.2 NAA	2.2 NAME		,					
STREET ADDRESS			2.3 STREET ADDRESS							}	
CITY-ST-ZIP			2. 4 City-ST-ZIP								
TITLE	☐ DELETE		3.1 TITLE						☐ Change	☐ Addition	
NAME			3.2 NAME								
STREET ADDRESS			3.3 STREET ADDRESS								
CITY-ST-ZIP			3.4. CIT	Y-ST	T-ZIP						
TITLE		☐ DELETE	4.1 TITL	E					Change	Addition	
NAME			4. 2 NA	ME							
STREET ADDRESS			4.3 STR	EET,	ADDRESS					ļ	
CITY-ST-ZIP			4.4 CIT		ZIP				Change	Addition	
TITLE		☐ DELETE	5.1 TITL 5.2 NAM						Change	[] Addition	
NAME			ŀ		ADDRESS						
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CITY-ST-ZIP		☐ DELETE	6.1 TITL		-41				Change	Addition	
TITLE			6.2 NAM		İ				90		
NAME			ı		ADDRESS						
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.

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