Suite, Apt. #, etc. Suite, Apt. #, etc. Scertificate of Status Desired \$8.75 Ac ditional Fee Required   22 27 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees   23 28 Country Zip Country 8. This corporation owes the current year Intangible	P CCRI ANNU	NOW: FILING PORATION AL REPORT	FEE AFTER		TMENT OF STATE e Harris of State		<b>FILE</b> <b>29, 199</b> <b>cretary</b> 4-29-1999 90028 0	9 8:0 of Sta	
Principal Price of Business Mailing Address   List WASHREGON AVE MAIN BEACH FL 33139 List WASHREGON AVE MAIN BEACH FL 33139 List WASHREGON AVE MAIN BEACH FL 33139   Z. Principal Prime of Business Za. Mailing Address 4. FEI Nin their Suite, Apt. R. etc. 3. Date Incorporate of 20 Datalelo 1100/1995   Z. Principal Prime of Business Za. Mailing Address 4. FEI Nin their Suite, Apt. R. etc. 5. Control WRITE IN THIS SPACE   Suite, Apt. R. etc. Suite, Apt. R. etc. S. Control Family Space France 5. Control WRITE IN THIS SPACE   Zip Courty Zip Courty State 5. Control Family Space France   Zip Courty Zip Courty Zip Courty   Zip Courty Zip Courty Zip State Instruction   Zip Zip Courty Zip Courty Zip   Zip Zip Courty Zip Courty Zip   Zip Zip Courty Zip State Instruction Address of New Registered Agent   Name and Address of Courty Zip Zip State Instruction File Instruction   State Instruction District Instruction District Instruction File Instruction   State Instruction Distrest Adention Distruction State Instruct	··· Corporation	( value		192					
2. Principal Place of Business   21. Maining Address   4. Fit in table   Applied Fit     Suite, Apt. #, etc.   3.   Suite. Apt. #, etc.   5. Contribute of Status Desired   res. Required     City & State   21.   City & State   City & State   5. Contribute of Status Desired   res. Required     City & State   City & State   City & State   City & State   5. Contribute of Status Desired   res. Required     Zip   Country   Zip   Country   2.   State. Appl. #   Fit Account Main Main Main Main Main Main Main Main	1251 WASHINGT	ON AVE	1251	WASHINGTON AVE		C	O NOT WRITE IN TH		
21   Convertigence   28   Solite, Apl. #, etc.   29   Solite, Apl. #, etc.   5. Control of Status Desired   \$8, 75 A, disconting     20   21   21   City A Status   5. Control of Status Desired   \$8, 75 A, disconting     21   21   City A Status   City A Status   6. Election: contraging Financing   Acded to Face     22   21   Contry   21   Contry   8. The accompacing Financing   Acded to Face     23   23   29   29   20   Personal Property Tax   Street   Acded to Face     24   9. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address							1 or Qualifed		
State Apt #, etc.	`	ace of Business		Address					
22	Suite, Apt. #	<sup>t</sup> , etc.		Suite, Apt. #, etc.			us Desired	\$8.75 A	ditional
20     20     7rust Fund Continuion     Added to Fees       Zip     Country     2ip     00     Frust Area Continuon     Added to Fees       Zip     Country     2ip     00     Personal Property Tax     Xes     Xes       3:     Name and Address of Current Registered Agent     10     Rame and Address of the Registered Agent     Xes     Xes <td>2 City &amp; State</td> <td></td> <td></td> <td>City &amp; State</td> <td></td> <td></td> <td></td> <td></td> <td></td>	2 City & State			City & State					
a) 23 23 Parsonal Property Tax. 37 ms 100   9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent   FINLAYSON, CARDLYN 1235 W X4E 1 MAMI BEACH FL 33139 10 10. Name and Address of New Registered Agent   11. Parsonal Property Tax. 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent   12. Strate Address of Science 807.0505 and 607.1505. Florida Statutes, the above named Copontion's board of interbra Agent agent of the purpose of changing is significant on the purpose of changing is significant agent of understand agent agent of understand agent agent of understand agent agent of understand agent agent agent agent of understand agent agent agent of understand agent agen	23		28			Trust Fund Contri	bution	Added to	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent   FINLAYSON, CAROLYN 1235 W AVE 1 MAMI BEACH FL 33139 81   11. Pursuant to the provisions of Scillons 607.0502 and 607.1508. Florida Statutes, the above-named criporation submit s this statement for the purpose of changing its registered agent. If the state of the florida Statutes, the above-named criporation submit s this statement for the purpose of changing its registered agent. If the state of the florida Statutes, the above-named criporation submit s this statement for the purpose of changing its registered office or registered agent. If the state of the object of 0005. Finds Statutes, the above-named criporation submit s the statement is registered agent. If the state of the object of 0005. Finds Statutes, the above-named criporation submit s the state of the object of 0005. Finds Statutes, the above-named criporation submit s the state of the object of 0005. Finds Statutes, the above-named criporation submit s the state of the object of 0005. Finds Statutes, the above-named criporation submit s the state of the object of 0005. Finds Statutes, the above-name of criporation submit s the state of the object of 0005. Finds Statutes, the above-name of criporation submit s the state of the object of 0005. Finds Statutes, the above-name of criporation submit s the statement for the purpose of changing its registered agent. If the state of the object of 0005. Finds Statutes, the above-name of criporation state of the state of the object of 0005. Finds Statutes, the above-name of criporation state of the state of 0005. Finds Statutes, the above-name of criporation state of the object of 0005. Finds Statutes, the above-name of criporation state of the object of 0005. Finds Statutes, the above-name of criporation state of the object of 0005. Finds State of 0005. Finds State 0005. Finds State 0005. Finds State 0005. Finds State 000			,	·					[]]No
FINLAYSON, CAROLYN 1235 W AVE 1 MAMI BEACH FL 33139   B2   Street Ac dross [P, O. Box Mumber is Not Acceptable)     B2   Street Ac dross [P, O. Box Mumber is Not Acceptable)   B3     B4   City M. i.G. m. P.E.M. FL   B5     B4   City M. i.G. m. P.E.M. FL   B4     B4   Difficities Statement on the state of Floces Statement on the statement on the statement on the purpose of changing B4   B5     B4   Difficities Statement on the statement		9. Name and Address	s of Current Registe	red Agent	81 Name	10. Name and Addr	ess of New Registere	d Agent	
12.   OFFICERS AND DIRECTORS   13.   ADDITUNS/CHANGES TO OFFICERS AND DIRECTORS IN 12     TITLE   DELETE   11TTLE   TALWSON, CAROLYN   TALWSON, Carolyn   Addition     NAME   TITLE   1255 WEST AVE APT #1   13 street ADDRESS   SST Bid rfitz Direct   Addition     MIAMI BEACH FL 33139   DELETE   11TTLE   SST Bid rfitz Direct   Addition     WAWE   DELETE   21 time   SST Bid rfitz Direct   Addition     STREET ADDRESS   Corry St.2P   Addition   SST AVE APT #1   Change   Addition     WAWE   DELETE   21 time   SST Bid rfitz Direct   Addition     STREET ADDRESS   Corry St.2P   Change   Addition     TITLE   DELETE   31 time   Change   Addition     STREET ADDRESS   Corry St.2P   Change   Addition     TITLE   DELETE   31 time   Change   Addition     STREET ADDRESS   Corry St.2P   Change   Addition     TITLE   DELETE   11 time   Change   Addition     STREET ADDRESS   St STREET ADDRESS   St STREET ADDRESS   St STREET ADDRESS	office or re agent. I am SIGNATUF.E	gistered agent, or both, in familiar with, and accept	n the State of Florida. In the obligations of, S	. Such change was au Section 607.0505, Flori	thorized by the corpo da Statutes.	ration's board of directors. I	nereby accept the app	ointment as rec	stered
Initial Street ADDRESS   FINLAYSON, CAROLYN     1235 WEST AVE APT #1   13 STREET ADDRESS     1235 WEST AVE APT #1   13 STREET ADDRESS     ICTY-ST-ZP   MIAMI BEACH FL 33139     ITTLE   DELETE     21 TITLE   2 NAME     23 STREET ADDRESS   23 STREET ADDRESS     CITY-ST-ZP   Miami J-each, FL 33/4)     ITTLE   2 NAME     23 STREET ADDRESS   2 STREET ADDRESS     CITY-ST-ZP   24 CITY-ST-ZP     ITTLE   DELETE     33 STREET ADDRESS   2 STREET ADDRESS     CITY-ST-ZP   2 A OTY-ST-ZP     ITTLE   DELETE     34 CITY-ST-ZP   Change     ITTLE   2 A Addition     34 CITY-ST-ZP   Change     ITTLE   2 A Addition     NAME   3 STREET ADDRESS     CITY-ST-ZP		OF		TORS	13.		IGES TO OFFICERS		
TITLE   21 IITLE   21 IITLE   21 Addition     NAME   22 NAME   23 STREET ADDRESS   23 STREET ADDRESS     CITY-ST-ZP   24 CITY-ST-ZIP	NAME STREET ADDRESS	FINLAYSON, CAROL 1235 WEST AVE AP	Γ <i>#</i> 1		1 2 NAME 1 3 STREET ADDRESS	Finlayson, Caroli 1551 Biarritz	Drive EL 3311	<i>F</i>	
ITTLE   DELETE   3.1 TTLE   Addition     NAME   32 NAME   33 STREET ADDRESS     STREET ADDRISS   34 CITY-ST-ZIP   ITTLE     ITTLE   DELETE   4.1 TITLE   Change   Addition     NAME   3 STREET ADDRESS   34 CITY-ST-ZIP   ITTLE   Change   Addition     NAME   DELETE   4.1 TITLE   Change   Addition     NAME   3 STREET ADDRESS   43 STREET ADDRESS   ITTLE   Change   Addition     STREET ADDRISS   43 STREET ADDRESS   ITTLE   Change   Addition     STREET ADDRISS   53 STREET ADDRESS   ITTLE   Change   Addition     STREET ADDRISS   S3 STREET ADDRESS   ITTLE   Addition     STREET ADDRISS   S4 CITY-ST-ZIP   ITTLE   ITTLE   Addition     STREET ADDRISS   S4 CITY-ST-ZIP   ITTLE   ITTLE   ITTLE   ITTLE   ITTLE	title Name	WIAW DEACTTE 33	139	DELETE	2.1 TITLE 2.2 NAME	and ant		Change	Addition
Inite   Inite <td< td=""><td></td><td><u> </u></td><td><u></u></td><td></td><td></td><td></td><td></td><td>Change</td><td>Addition</td></td<>		<u> </u>	<u></u>					Change	Addition
Intel   Intel <td< td=""><td>NAME STREET ADDRI.SS</td><td></td><td></td><td></td><td>3 2 NAME 3.3 STREET ADDRESS</td><td></td><td></td><td>_</td><td></td></td<>	NAME STREET ADDRI.SS				3 2 NAME 3.3 STREET ADDRESS			_	
CITY-ST-ZIP   4.4 CITY-ST-ZIP     TITLE   DELETE     S1 TITLE   Change     NAME   5.2 NAME     STREET ADDRESS   5.3 STREET ADDRESS     CITY-ST-ZIP   5.4 CITY-ST-ZIP     TITLE   DELETE     6.1 TITLE   Change     NAME   6.1 TITLE     STREET ADDR:SS   Change     CITY-ST-ZIP   Addition     STREET ADDR:SS   6.1 TITLE     STREET ADDR:SS   6.3 STREET ADDRESS     CITY-ST-ZIP   6.3 STREET ADDRESS     CITY-ST-ZIP   6.3 STREET ADDRESS	TITLE			DELETE	4.1 TITLE 4. 2 NAME			Change	Addition
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ITTE DELETE 6.1 TITLE Change Addition   NAME 6.2 NAME   STREET ADDR :SS 6.3 STREET ADDRESS   CITY-ST-ZIP 6.4 CITY-ST-ZIP	NAME				5.2 NAME			Change	Addition
CITY-ST-ZIP 6.4 CITY-ST-ZIP	TITLE				6.1 TITLE 6.2 NAME			Change	Addition
indice of 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 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	CITY-ST-ZIP 14. I hereby ce	an this annual report or s	unnlomentai annual re	enort is true and accur	the exemption stated	a ure shall have the same leo	bai eπect as it made un	ider oath: that i	am an