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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000085344

FILED Apr 09, 1999 8:00 am Secretary of State 04-09-1999 90068 002 ***150.00

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Principal Place of Business Mailing Address 18761 N.W. 5TH STREET 18761 N.W. 5TH STREET														
PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029														
		-							DO NOT WRIT	TE IN TH	IS SPAC	E		_
	•								 Date Incorporated or Qualifed 10/27/1995 					
2. Principal Pl	lace of Business	2a.	. Mailing						4. FEI Number	- =-, -	- T	App	olied For	[
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Suite, Apt.	#, etc.	27	Suite, A	pt. #, etc.					5. Certifcate of Status Desired			. 75 A	dditional quired	
City & State	e		City & S	itate	-				6. Election Campaign Financing		\$5	00.6	May Be	
23		28							Trust Fund Contribution		A	dded to	Fees	1
Zip	Country	<u> </u>	Zip	(Country			8. This corporation owes the curre	ent year l			_	ĺ
24	25	29			30				Personal Property Tax.		☐ Ye	\$	ANo	ļ
	9. Name and Address of Curre	nt Regis	stered Ag	ent		81	Name		10. Name and Address of New R	legistere	d Agent			ĺ
Milli	LINGS, LLOYD ST. P					61	Name							
	N.W. 5TH STREET					82	Street A	Addres	ss (P.O. Box Number is Not Accepta	ible)]
	BROKE PINES FL 33029													Ì
1 C 1411	BROKE TINES TE 30025					83								
			•			84	City			F	L 85	Zip C	ode	
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State	of Florid	da Such <i>i</i>	change was at	ıthori:	zed by	the como	corpor ration	ation submits this statement for the 's board of directors. I hereby accep	purpose t the app	of changi ointment	ing its r as reg	registered jistered	
agent. í ar	m familiar with, and accept the oblig	ations of	, Section (607.0505, Flor	ida S	tatutes.								l
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SIGNATURE			'A applicable			annel Anna		autrod v	thon entretation)	DATE				
	Signature, typed or printed name of registered ag				Registe			quired w	then reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS	AND DIR	ECTO	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: