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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000091854

FILED Feb 18, 1999 8:00am **Secretary of State**

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| AMOON, | , INC. | • | | | | | |
| | _ | | | | | | |
| Principal Place | e of Business | Mailing Address | | | , | | |
| 9517 NW 52 MANOR SUNRISE FL 33351 | | 9517 NW 52 MANOR SUNRISE FL 33351 | | | DO NOT WRITE IN TH | IIS SPACE | |
| | | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | 12/04/1995 | | \$ f = f |
| 2. Principal P | Place of Business | 2a. Mailing Address | | | 4, FEI Number | · ` ` | lied For |
| 21 | | 26 | | | 65-0651191 | | Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 A | |
| City & State | te | City & State | | | 6. Election Campaign Financing | \$5.00 | |
| 23 | | 28 | | | Trust Fund Contribution | Added to | Fees |
| Zip | Country | Zip | Country | у | 8. This corporation owes the current year | | □No |
| 24 | 25 | 29 | 30 | | Personal Property Tax. 10. Name and Address of New Registere | | |
| | 9. Name and Address of Curr | rein Kegistered Agent | ' 81 | Name | to. Hante and Addition of them registers | | |
| ISKA | ANDER, ATEF | | | | | | |
| | 7 NW 52 MANOR | | 82 | 2 Street Addr | ress (P.O. Box Number is Not Acceptable) | | |
| SUN | IRISE FL 33351 | | 83 | 3 | | na Pitta. | 7 |
| | | | 84 | 4 City | | 85 Zip C | ode |
| | | | | | | | |
| 7.5 2.5 11 3 | · · | | | | <u> </u> | ' L | |
| 11. Pursuant | to the provisions of Sections 607.0 | 0502 and 607.1508, Florida Statu | itos the abou | vo named com | poration submits this statement for the purpose | of changing its | registered pistered |
| office or r | to the provisions of Sections 607.0 registered agent, or both, in the Stam familiar with, and accept the obl | ate of Florida, Such change was | utes, the abov | ve-named corp | • · · · · · · · · · · · · · · · · · · · | of changing its | registered pistered |
| office or r | registered agent, or both, in the Sta am familiar with, and accept the obl | ate of Florida. Such change was ligations of, Section 607.0505, Fl | utes, the abov authorized by lorida Statutes | ve-named corp y the corporations. | poration submits this statement for the purpose on's board of directors. I hereby accept the ap | of changing its | registered jistered |
| office or r agent. I a SIGNATURE | registered agent, or both, in the Stam familiar with, and accept the oblessing states are stated as a state of registered. | ate of Florida. Such change was ligations of, Section 607.0505, Floridation and title if applicable. (NO | utes, the above authorized by lorida Statutes | ve-named corp y the corporations. | poration submits this statement for the purpose on's board of directors. I hereby accept the appearance of the statement for the purpose on's board of directors. I hereby accept the appearance of the statement for the purpose on the statement for the stateme | of changing its a | 4 |
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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 of 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.