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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600004717

1. Corporation Name

## Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90100 028 \*\*\*150.00

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Principal Place	of Business	Mailing Address					i <b>Br</b> ilf Birfi fr	994 (19)4 1991 1991
3114 SW MARCO LN 12499 SANDY RUN ROAD								
PALM CITY FL 34990 JUPITER FL 33478-6675						DO NOT WRITE IN THE	C CDACE	
US					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
						01/16/1996		
2 Dincipal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For
<b>⊢</b>	ace of Business	26				65-0635725		Not Applicable
26       26						5. Certificate of Status Desired	•	5 Additional
22 27						5. Certificate of Status Desired	Fee	Required
City & State City & State			<u> </u>			6. Election Campaign Financing	•	May Be
23	<u> </u>	28				Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Count	try		8. This corporation owes the current year la	ntangible ☐ Yes	MNo
24	25		30			Personal Property Tax.  10. Name and Address of New Registered		7.00
	9. Name and Address of Current	Registered Agent		31 Na		TO, Habite and Addition of the Magnetine		
THE	LAW FIRM OF LAWRENCE J SP	EGEL CHRTD						
343 ALMERIA AVENUE			18	82 Street Address (P.O. Box Number is Not Acceptable)				
COR	AL GABLES FL 33134		ε	33				
			<u> </u>				lac 7	ip Code
}			{	34 City	/	F	L  85   Zi	ib Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the abo	ove-nan	ned corpo	oration submits this statement for the purpose	of changing	its registered
- office or re	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was at	iinonzea i	ov tne c	orporatio	n's board of directors. I hereby accept the app	Dillillingsit as	registered
SIGNATURE								
								<del></del> {
SIGNATORE	Signature, typed or printed name of registered agen		<del></del>	gent signa	ture required	when reinstating) DATE	AND DIDEC	TODS IN 12
12.	" OFFICERS AN	D DIRECTORS	13.		ture required	when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A		
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14. Thereby 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 arachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF