## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 13, 1999 8:00am

**Secretary of State** 

02-13-1999 90019 021 \*\*\*150.00

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation		008706					
5,,,255							
Principal Place	of Business	Mailing Address					
3050 S.W. 14TH PLACE BOYNTON BEACH FL 33426  3050 S.W. 14TH PLACE BOYNTON BEACH FL 33426			i		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 01/24/1996		
	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	plied For
21 5	AHE	26			65-0614402		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	·	Additional equired
City & State	Э	City & State			Election Campaign Financing     Trust Fund Contribution		May Be to Fees
Zip	Country Zip		Cou	ntry	8. This corporation owes the current year t		_ 7
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent		81 Name	10. Name and Address of New Registere	d Agent	
BOY	NTON BEACH FL 33426  to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations of t	o2 and 607.1508, Florida Statute of Florida. Such change was au tilons of. Section 607.0505, Flori	s, the a thorized	83 SAJ 84 City	Idress (P.O. Box Number is Not Acceptable)  Forporation submits this statement for the purpose ation's board of directors. I hereby accept the app	┗▝▔▏	Code registered gistered
SIGNATURE					uired when reinstating) DATE		<u> </u>
46.1	nature, typed or printed name of registered agent and title if applicable. (NOTE: Re OFFICERS AND DIRECTORS		13.	Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	D	DELETE	1.1 TJ	TI.E	TOTAL	Change	Addition
NAME.	CORRELL, GREG A		1.2 N		**************************************		
STREET ADDRESS	3050 S.W. 14TH PLACE			REET ADDRESS	SAHE		
	BOYNTON BEACH FL 33426			TY-ST-ZIP	OARC		
CITY-ST-ZIP TITLE	BOTHTON BLACITTE SONES	DELETE	2.1 T			☐ Change	☐ Addition
NAME			2.2 N	AME			
STREET ADDRESS			6	REET ADDRESS			
CITY-ST-ZIP				fTY-ST-ZIP	•		
TITLE		☐ DELETE	3.1 TI	<del></del>		Change	Addition
NAME .	<b>3</b> 3		3.2 N	AME			
STREET ADDRESS			3.3 S	TREET ADDRESS			· 1 2 * 128
CITY-ST-ZIP	v · kg ·		3.4. C	ΠY-ST-ZIP			
TITLE		☐ DELETE	4.1 T	TLE	the state of the s	Change	🔲 Addition
NAME			4.2 N	AME			•
STREET ADDRESS			4.3 S	TREET ADDRESS			

CITY-ST-ZIP 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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

3 4 1

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

☐ Change

Change

☐ Addition

Addition