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

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000015839

FILED Feb 16, 1999 8:00am Secretary of State

02-16-1999 90044 012 ***150.00

 Corporation 												
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Principal Place of Business Mailing Address												
445 N.W. 1ST AVE. 445 N.W. 1ST AVE.												
FT. LAUDERDAL	E FL 33301		FT. LAUDE	ERDALE FL 33301				DO NOT WRI	TE IN THIS	SPACE		
	ļ							3. Date Incorporated or Qualifed		- AOL		
								02/20/1996				
2. Principal Place of Business 2a. Mailing Address								4. FEI Number		Apr	lied For	i,
-			26					65-0645057	, .	Not	Applicable	
21 Suite, Apt. #, etc.				Suite, Apt. #, etc.						\$8.75 A	dditional	٠.
22	#, U.O.		27					5. Certifcate of Status Desired		-Fee Rec	quired	نـــد
City & State	e			& State			.,,	6. Election Campaign Financing		\$5.00	May Be	
23			28					Trust Fund Contribution	<u> </u>	Added to	Fees	
Zip	Constant			Zip Cour				8. This corporation owes the current year Intangible				
24				9 30				Personal Property Tax. Yes No				
711	9. Nam	e and Address of Current	t Registered	Agent			,	10. Name and Address of New I	Registered A	Agent	• ;	
	ATD (C)					81	Name					
	STEVEN					82	Street Addre	ess (P.O. Box Number is Not Accept	able)			
	S.E. 9TH	ALE FL 33316			ļ			State Comment of the		(Asi 500) (808)	1112 1814 EST	
FI. 1	LAUDEND	ALE PL 33310				83				形體酸		
						84	City			85 Zip C	ode	ł
+ # <u>*, ;</u>				O Clasida Dianida	- +1-0 01		named com	oration submits this statement for the	nurnose of	changing its	registered	
								on's board of directors. I hereby acce	ot the appoin	ntment as req	jistered	
agent. I a	m familiar v	with, and accept the obligat	tions of, Section	on 607.0505, Flori	da Statu	ites.						
SIGNATURE	Classics ton	ed or printed name of registered agen	t and title if annical	hie (NOTE:	Registered	Agent	t signature required	d when reinstating) : 교가 생각	DATE	,		1
12. OFFICERS AND				Cita not appropria				ADDITIONS/CHANGES TO OF	FICERS AN			3
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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 effective or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13tif changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/199 954-862-7787

(25034 (11/98)