## 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

## **FILED** Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90144 017 \*\*\*150.00

## DOCUMENT # DOCODOO2221

Principal Place of Business 500 LAKE WORTH FL 33460  2. Principal Place of Business 2. Mailing Address 500 LAKE WORTH FL 33460  2. Principal Place of Business 2. Mailing Address 3. Data Incorporated or Qualified 603/131/1986  4. FEI Number 65-0650/135  7 Not Applicable For 65-0650/135  8. Ref Required Fee Required	1. Corporation MAREDOI	Name I JOOO	0022721							
DO NOT WRITE IN THIS SPACE  2. Principal Place of Business	Principal Place	of Business	Mailing Address				( INNIAN III MILL BRITT BRITT BRITT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2. Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied For   Applied For   33/13/1996   32/13/1996   36/16/200135   3	OO CARE ATEROE. OOTE TO						DO NOT WRITE IN THIS SPACE			
Principal Place of Business   2a. Mailing Address   2a. Mailing								-		
2. Principal Piace of Business   2a Maining Address   55.065.035   7 Not Applied For   Not Applied For								•		
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23   Zip   Country   Zip   Country   Zip   Country   S. Thust Fund Contribution   Added to Fees   Zip   Zi							6. Election Campaign Financing	\$5.00	May Be	
2p Country 2p	_	,	28				· -	Added to	o Fees	
9. Name and Address of Current Registered Agent  AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134  85   Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Sistuates, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. Such changes submits authority the corporation's board of directors. I hereby accept the appointment as registered agent, and femiliar with, and accept the obligations of, Section 607.0505, Florida Sistuates.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  13. TITLE  13. TITLE  13. TITLE  13. TITLE  13. TITLE  13. TITLE  14. Change Addition  14. Change Addition  15. TITLE  15		Country			ountry		8. This corporation owes the current year	Intangible		
AMERILAWYER CHARTERED 343 ALMERNA AVENUE CORAL GABLES FL 33134  14. Pursuant to the provisions of Sactions 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. and adocept the obligations of, Section 607 605, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. and accept the obligations of, Section 607 605, Florida Statutes.  SIGNATURE SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ITILE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE 12. OFFICERS AND DIRECTORS 13. THE STATE OFFICERS AND DIRECTORS IN 12. ITILE 14. OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. STREET ADDRESS 16. OFFICERS AND DIRECTORS 15. STREET ADDRESS 16. OFFICERS AND DIRECTORS 16. OFFICERS AND DIRECTORS 17. ST.2P 17. OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE 16. OFFICERS AND DIRECTORS IN 12. IT	24			30					UNo	
AMERILAWYER CHARTERED 343 AJMERIA AVENUE CORAL GABLES FL 33134  83  84 City FL 85  85 Zip Code  87  88 Zip Code  89 Zip Code  80 Zip Code  80 Zip Code  81 Zip Code  81 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 City FL 85 Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  89 Zip Code  80 Zip Code		9. Name and Address of Cur	rent Registered Agent		-	г	10. Name and Address of New Register	ed Agent		
343 AJMERIA AVENUE CORAL GABLES FL 33134  85  61. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. The corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept changing its registered agent, and familiar with, and accept changing its registered agent, and familiar with, and accept changing its registered agent, and familiar with, and accept changing its registered agent.  12.		*** ******** ALLEGENTO			81	1			_	
### City	• • • • • • • • • • • • • • • • • • • •				82	Street Add	ress (P.O. Box Number is Not Acceptable)			
11. Pursuant to the provisions of Sactions 607 0502 and 607 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and accept the obligations of, Section 07.050.5 Floridas Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  PD. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  IN TITLE  PD. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  IN TITLE  PD. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  IN TITLE  14. COPY ST. 2P  IN TITLE  ST. OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  IN TITLE  15. TITLE  15					93				<del></del>	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  PD  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  17TILE  PD  NAME  BOAS, DONALD C  STREET ADDRESS  500 LAKE AVENUE, SUITE 171  LAKE WORTH FL 33460  OFLICE  11 TITLE  ST  BOAS, MARALEE R  STREET ADDRESS  GTY-ST-ZP  LAKE WORTH FL 33460  OELETE  31 TITLE  32 STREET ADDRESS  GTY-ST-ZP  TITLE  MAME  STREET ADDRESS  GTY-ST-ZP  TITLE  OELETE  32 STREET ADDRESS  GTY-ST-ZP  TITLE  OELETE  32 STREET ADDRESS  GTY-ST-ZP  TITLE  OELETE  32 STREET ADDRESS  GTY-ST-ZP  TITLE  OELETE  33 STREET ADDRESS  GTY-ST-ZP  TITLE  OELETE  34 GTY-ST-ZP  TITLE  OELETE  34 GTY-ST-ZP  TITLE  OELETE  35 TITLE  OELETE  36 TITLE  OELETE  37 TITLE  OELETE  38 TITLE  OELETE  38 TITLE  OELETE  39 Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  OELETE  11 TITLE  OELETE  12 TITLE  OELETE  31 TITLE  OELETE  32 TITLE  OELETE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  OELETE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  OELETE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  OELETE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  OELETE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  ADDITIONS/CHANGES T	CUH	AL GABLES PL 33134			63					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and ancept the obligations of, Section 607.0508, Florida Statutes.  SIGNATURE    Time					84	City		<b>-</b>	Code	
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CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii). Florida Statutes. I further certify that Lam an information stated in Section 119.07(3)(ii). Florida Statutes. I further certify that Lam an information stated in Section 119.07(3)(ii). Florida Statutes. I further certify that Lam an information stated in Section 119.07(3)(ii).	CITY-ST-ZIP	05 D 14 - 1-5 D 27	d with this filing dans are				Section 119 07(3)(i) Florida Statutes, I furthe	r 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 ar 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.