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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600023967

STREET ADDRESS

THE LAW OFFICES OF ROBERT DAVID MALOVE, P.A.

,									
Principal Place	e of Business	Mailing Address						1111 9 1311E B	nn 1851 1881
290 NW 165TH	ST.	290 NW 165TH ST.							
PLAZA 300		PLAZA 300				DO NOT WRITE IN THIS SPACE			
MIAMI FL 33169 US		MIAMI FL 33169 US				3. Date Incorporated or Qualifed			
03		00				03/07/1996			
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number		App	lied For
21		26				65-0657225		Not	Applicable
Suite; Apt.	#. etc.	Suite, Apt. #, etc.	-		-,		□ \$	8.75 A	dditional
22		27				5. Certificate of Status Desired		Fee Rec	juired `
City & Stat	e	City & State				6. Election Campaign Financing	1 1	\$5.00 N	, ,
23		28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip		country		8. This corporation owes the currer			
24	25	29	30			Personal Property Tax.	X		□No
	9. Name and Address of Curre	nt Registered Agent		81	None	10. Name and Address of New Re	gisterea Agei	nt	
1484	OUT DOBERT D ECO	,		"	Name				
	ove, robert d esq. NW 165TH St.			82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)		
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11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida St	tatutes, the	above-	-named corp	poration submits this statement for the proof on submits this statement for the proof of directors. I hereby accept	urpose of char the appointme	nging its r ent as reg	egistered istered
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations.	of Florida. Such change w	as authoriz	zed by t	ne corporation	poration submits this statement for the poon's board of directors. I hereby accept	urpose of char the appointme	nging its r ent as reg	egistered istered
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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 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.

6.4 CITY-ST-ZIP

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90030 017 ***150.00