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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000028821

1. Corporation Name

FILED Feb 17, 1999 8:00am **Secretary of State** 02-17-1999 90104 018 ***150.00

HIC GC	OLF, ING.						
Dringing Plac	o of Puninger	Mailing Address					
Principal Place of Business Mailing Address 1100 SAND DRIFT WAY 1100 SAND DRIFT WAY							
WEST PALM BEACH FL 33411 WEST PALM BEACH FL 334			11				
US US			DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualifed			
- B1-1-1-1-		La Marria Address		04/02/1996	11.		
	Place of Business	2a. Mailing Address		4. FEI Number 65-0661904		plied For	-2
Suite, Apt.	# etc	Suite, Apt. #, etc.		0070001904		t Applicable	
22		27		5. Certificate of Status Desired	Fee Re		-
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28		Trust Fund Contribution	Added t		
Zip	Country	Zip	Country	8. This corporation owes the current year li	ntangible		
24	25	29 3	00	Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	d Agent		
CUT	TED DICHADO T		81 Name				
CUTLER, RICHARD T 1100 SAND DRIFT WAY		82 Street Add	ress (P.O. Box Number is Not Acceptable)				
	ALM BEACH FL 33411		20	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		\$67.00 \$389 \$465 475.\$1.03.175.61	
** '	ALM BEACHTE OUTT		83				
			84 City	FI	85 Zip C	Code	
44 Oursignst	to the provinions of Sections 607 0503	and 607 1509. Elorido Statutos	the above named corr	poration submits this statement for the purpose of	of changing ite	registered	
office or r	registered agent, or both, in the State of	f Florida. Such change was aut	horized by the corporati	on's board of directors. I hereby accept the appoint	ointment as reg	gistered	
agent. I a	in ramiliar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statutes.		•		
agent I a	· · · · · · · · · · · · · · · · · · ·		•	ed when reinstating). DATE		· .	_
•	Signature, typed or printed name of registered egent OFFICERS AND	and title if applicable. (NOTE: R	da Statutes tegistered Agent signature require 113.	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	, ND DIRECTO	RS IN 12	(80)
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	legistered Agent signature require		ND DIRECTO	PRS IN 12	(11/08)
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: R	tegistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS A			34 (11/08)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND PSTD CUTLER, RICHARD T	and title if applicable. (NOTE: R	tegistered Agent signature require 13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A			E03//11/08)
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SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PSTD CUTLER, RICHARD T 1100 SAND DRIFT WAY	and title if applicable. (NOTE: R	tegistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A			CB2E03/ (11/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PSTD CUTLER, RICHARD T 1100 SAND DRIFT WAY	and title if applicable. (NOTE: R) DIRECTORS [] DELETE	tegistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	☐ Addition	CD2E034 (11/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PSTD CUTLER, RICHARD T 1100 SAND DRIFT WAY	and title if applicable. (NOTE: R) DIRECTORS [] DELETE	tegistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	☐ Addition	CR2E034 (11/98)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PSTD CUTLER, RICHARD T 1100 SAND DRIFT WAY	and title if applicable. (NOTE: R DIRECTORS DELETE	tegistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	☐ Addition	CR2E034 /11/98)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PSTD CUTLER, RICHARD T 1100 SAND DRIFT WAY WEST PALM BEACH FL 33411	and title if applicable. (NOTE: R DIRECTORS DELETE DELETE DELETE	tegistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	☐ Change ☐ Change ☐ Change	Addition Addition	CROED34 (11/98)
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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 suppliemental 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 tryistee 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.

SIGNATURE: