**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Kathering Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUI 1. Corporation ECHESS		035015			
Principal Place	e of Business	Mailing Address		- 1 INDITORI ILO INSTA CITIL ONIST ABVIT ONIS ANTO	å litikt Asits påtøt tikan accs man
ORANGE CITY I	•	ORANGE CIYT HESS		}	
1910 S VOLUSIA AVE		1910 S VOLUSIA AVE		DO NOT WRITE IN THIS SPACE	
ORANGE CITY FL 32763		ORANGE CITY FL 32763		= 3. Date incorporated or Qualifed	
US		US		04/19/1996	,
		Lo Mailine Address		4. FEI Number	Applied For
2. Principal Place of Business		2a, Mailing Address		65-0662754	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
<del></del>		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23		28	Country	8. This corporation owes the current year in	
Zip	Country	Zip 30	-	Personal Property Tax.	Yes DNo
24	25		<u>'</u>	10. Name and Address of New Registered	Agent
	9. Name and Address of Curren	( Medistalen water	81 Name	M-PAS LOO	
DUB	ROW DUKER & ASSOCIATES, P.	A.	<u> </u>	ALM MARIN	
2840 UNIVERSITY DRIVE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	a@
CORAL SPRINGS FL 33065			83	U / SEW (ORUZE / COL)	
					las Zin Code
			84 City of	6 May FI	85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligation	2 and 607.1508, Florida Statutes, of Florida. Such change was authors of, Section 607.0505, Florida	the above-named corporationized by the corporation Statutes.	poration submits this stalement for the purpose of ion's board of directors. I hereby accept the appoint	of changing its registered continent as registered
SIGNATURE	4				
SIGNATURE	Signature, typed of preview harms of registered egen	t and trie if applicable. (NOTE: Re	grstered Agent signature require	ed when remstating) DATE	
12.	OFFICERS AN	N and trie if applicable. (NOTE: Re	gratered Agent signature require		
12.	OFFICERS AN	t and trie if applicable. (NOTE: Re	gratered Agent signature require 13. 1.1 TITLE	ed when remstating) DATE	
12.	OFFICERS AND PROPERTY OF THE P	N and trie if applicable. (NOTE: Re	gratered Agent signature require 13. 1.1 TITLE 1.2 NAME	ed when remstating) DATE	
12.	OFFICERS AN D RAMANI, SHAUKAT 101 GRAND PLAZA DR M-1	N and trie if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when remstating) DATE	
12, TITLE NAME STREET ADDRESS CHY-ST-ZIP	OFFICERS AND DEFICERS AND DEFICE OF AMANI, SHAUKAT 101 GRAND PLAZA DR M-1 ORANGE CITY FL 32763	R and the fisppicable. (NOTE: Re D DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ad when (emstating)  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
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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. CITY-57-20P

SIGNATURE:

SPANSO OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF

SHAUKAT RAMANI

May 10, 1999 8:00 am Secretary of State

05-10-1999 90200 019 \*\*\*150.00