**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90052 010 \*\*\*150.00

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700	ce of Business N.W. 14! His Al	Mailing Address					
1		•		DO NOT WRITE IN	THIS SPACE		
DAI	WIA BEN. FE. 3	3004		3. Date Incurporated or Qualified	6		
2. Principal I	Flace of Business	2a. Mailing Address	1. 10-	4. FEI Number	Ap	plix d For	]
21 Suite, Apt	ME AS ABOVE	26 Suite, Apt. #, etc.	AS ABOU	ve 65-0667065	\$8.75 A	A oplicable	-
22	. #, U.C.	27 Suite, Apr. #, etc.		5. Certifcate of Status Desired	\$ <b>0.73</b> A		ļ.
City & Sta	0	City & State		6. Election Campaign Financing	\$5.00	Μεy Be	1
23		28		Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	Country	8. This corr oration owes the current ye		<b>X</b> No	1
24	9. Name and Address of Curren	29 Agent	1 30 1	Personal Property Tax.  10. Name and Address of New Regist		194 IAD	$\{$
			81 Name				1
	IEL J. FERRA		M Strant	Address (P.O. Box Number is Not Acceptable)			-
22,	O AGA BLUD.	#810	30001				
1	A see Con	Fire Sy da	83				
PALI	n BEACH GARD	6,00, FC. 334	84 City		FL 85 Zip C	oc <del>o</del>	İ
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508, Florida Statut	es, the above-named	corr oration submits this statement for the purpo	se of changing its	egistered	
office or	to the provisions of Sections 607.050 egistered agent, or both in the State m familiar with, and accept the obliga	of Florida. Such change was a	uthorized by the corpo	ration's board of directors. Thereby accept the	appointment as reg	egistered istered	
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14. I hereby certify that the information supplied with this filing does not qualify the exemption stated in Section 119.07(c)(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 uncer oath; that I ain 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 attactment with an address, with all other like empowered.

SIGNATURE:

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