FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



DOCUMENT # P96000039337

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90151 013 ***150.00

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Principal Plac	e of Business	Mailing Address					1 1881108) 118 18118 BINI 88111 981	n aeim eniaa	streich ememb fer	on fritt inet innt	
21 SOUTH 2N	D ST	7800 W. OAKLAND PARK SUITE C-306	BLVD								
AKE WALES FL 33853-4133 SUITE C-306 IS FT. LAUDERDALE FL 33351-6			51-6741	741			DO NOT WRIT	E IN THIS	SPACE		
•		US				.	3. Date Incorporated or Qualifed 05/03/1996				
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		- i 1 7	Applied For	1
]	26					59-3380040			Not Applicable	1	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Addition					
2		27								Required	{
City & Stat	e	City & State					6. Election Campaign Financing		7	May Be	
3]		` 28		intry			Trust Fund Contribution			d to Fees	┨
Zip ¬γ	Country	Zip	$\overline{}$	niu y)	This corporation owes the current Personal Property Tax.	ent year int	angible ∐Yes	□No	
<u> </u>	9. Name and Address of Current	t Registered Agent	30	Т			10. Name and Address of New R	egistered			1
	, 9, Maring and Address of Curren			81	Name		``.				İ
FUR	NISH, DAVID W					<u>.</u>					}
) W OAKLAND PARK BLVD			82	Street A	ddress	(P.O. Box Number is Not Accepta	ble)			}
	E C306			83			· · · · · · · · · · · · · · · · · · ·				1
FT L	AUDERDALE FL 33351										1
				84	City		•	FL	85 Zij	Code	Ì
office or r	to the provisions of Sections 607.050; registered agent, or both, in the State of im familiar with, and accept the obligation	of Florida, Such change was tions of, Section 607.0505, F	authorize Iorida Stat	utes.	ine corpor	auons	board or directors. I neterly accep	i (ne appoi	ntment as	registered	
	Signature, typed or printed name of registered agen	``		Agen	t signature req	uired wh	en reinstating) ADDITIONS/CHANGES TO OFF	DATE	ID DIRECT	OPS IN 12	1 8
II.	DP OFFICERS AN	D DIRECTORS	13.	TI F			ADDITIONS/CHANGES TO OFF	ICENS AI	Change		
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		DELETE	6.1 T	TLE AME	ADDRESS			<u>. </u>	Chang	e Addition	

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 trusted 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:

William PREHVINGWIEWENISH PRESIDENT 4/30/99 954-74;

CR2E034 (11/98