05-10-1999 90055 031 ***150.00

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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000040007

F F E C A CORPORATION

Principal Plac	e of Business	Mailing Address					
1903 E ATLANTIC BLVD		1740-79 ST. KENNEDY CAUSEWAY					
POMPANO BEACH FL 33060		N. BAY VILLAGE FL 33141		DO NOT WRITE IN THIS SPACE			
		U\$				SPACE	
					3. Date Incorporated or Qualifed 05/09/1996		1
2. Principal P	Place of Business	2a. Mailing Address		-	4. FEI Number	Apı	plied For
21		26		65-0666635	No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A		
22		27		5. Certificate of Status Desired	Fee Re	quired	
City & State		City & State		6. Election Campaign Financing	\$5.00		
23		28		Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	Coun	try	8. This corporation owes the current year Inter-	angible	_/
24	25	29	30		Personal Property Tax.		©No.
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
0144	ONC DARRY I			Name			
SIMONS, BARRY L		82 Street Add		2 Street Ad	dress (P.O. Box Number is Not Acceptable),		
2601 S BAYSHORE DR, SUITE 1775		470		1976	DO SOUTH DIXIE HIGH	WAY	
00	CONUT GROVE FL 33133			33 Salit	E 1030	,	
ļ				14 City		85 Zip (Code
				Mi'A.		. <i> 3</i> 3	156
44. Discussion of Carting 607 0503 and 507 1509. Elegida Statutes, the above gamed compression submits this statement for the purpose						changing its	registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
ayen. i a	un tallitial with, and accept the obligation	iona bi, occitori cor lococi, i lo					
h							[
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered A	gent signature requ	uired when reinstating) DATE		
SIGNATURE	Signature, typed or printed name of registered agent	<u></u>	: Registered A	gent signature requ	uired when reinstatung) ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
		<u></u>			area mentanasang)	ID DIRECTO	RS IN 12
12.	OFFICERS ANI	D DIRECTORS	13.		area mentanasang)		
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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 all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR