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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000047899 1. Corporation Name

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90004 045 ***150.00

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Dringing Die	- (P						
Principal Place of Business Mailing Address 980 N. FEDERAL HIGHWAY. SUITE 302 980 N. FEDERAL HIGHWAY						1941	
BOCA RATON FL 33432 BOCA RATON FL 33432 BOCA RATON FL 33432			Y. SUITE 302				
	1 1 2 3 70 2	DOOM HATON FL 33432			DO NOT WRITE IN 1	THIS SDACE	
İ					3. Date Incorporated or Qualifed	INIS SPACE	
					05/31/1996		
2. Principal f	Place of Business	2a. Mailing Address	·		4. FEI Number		pplied For
21		26			65-0667835	1	lot Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.					Additional
22		27		-	5. Certifcate of Status Desired		lequired
City & Sta	ate	City & State			6. Election Campaign Financing	\$5.00	May Be
Zip	Country	28			Trust Fund Contribution	Added	to Fees
24		Zip	Country		8. This corporation owes the current year	r Intangible	
24	25 9. Name and Address of Currer	29 29 Agent	30		Personal Property Tax.	Yes	□No
	5. Name and Address of Currer	it Registered Agent	81	Name	10. Name and Address of New Register	red Agent	
	DESCO, ROY S						
980 N. FEDERAL HIGHWAY, SUITE 302		82	82 Street Address (P.O. Box Number is Not Acceptable)				
BOC	CA RATON FL 33432		83		-		
			[55]				
			84	City		85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the above-n	named corpor			registered
office of p	registered agent, or both, in the State arm familiar with, and accept the obligation	of Florida. Such change was a	uthorized by the	e corporation	's board of directors. I hereby accept the an	pointment as re	enistered
Lugoria, i a		tions of, Section 607 0505. Fig.	rida Statutes		,	•	giotoroa
		tions of, Section 607.0505, Flo	rida Statutes. アルム (エノ	1.00.	il i lee		giotorea
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE	rida Statutes. Control Registered Agent sign	edesce	116/55		
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	it and title if applicable. (NOTE	rida Statutes. とら くってく	edesce	when reinstating) DATE		
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agen OFFICERS AN	it and title if applicable. (NOTE	Registered Agent si	edesce	1/6/58		
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN P TEDESCO, ROY S	nt and title if applicable. (NOTE D DIRECTORS	Registered Agent signal	edesce	when reinstating) DATE	AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN P TEDESCO, ROY S 980 N. FEDERAL HIGHWAY, SU	nt and title if applicable. (NOTE D DIRECTORS	Registered Agent signal.	gnature required w	when reinstating) DATE	AND DIRECTO	DRS 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR