PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000049680

1. Corporation Name

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90151 077 ***150.00 04-14-1999 90151 078 *****8.95

LETICIA	L. NEBBIAI-HIEMAN, P.A.									
Principal Plac	e of Business	Mailing Address				4 IMBİLDÜN ILE FUSIN UZI	iti eli tet du ett d i	Bill Balli bi	810 JENIO BN	81 18411 8811 481
4270 ALOMA A WINTER PARK	VENUE. #124	4270 ALOMA AVENUE. #124 WINTER PARK FL 32792					•			
HINICH FAMI	16 02/92	THE COUNTY OF TH			1	DO N	OT WRITE	IN THIS	SPACE	
					-	ate Incorporated or 0 6/11/1996	Qualifed			
2. Principal P	lace of Business	2a. Mailing Address				El Number				Applied For
21 26					U O€	6-2284905			1	Not Applicab
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				ertifcate of Status De	noired 5	1		Additional
22		27	_		3. Ct	erificate of Status De			Fee I	Required
City & Stat	te	City & State			6. El	ection Campaign Fir	nancing _[3		May Be
23		28			Tr	ust Fund Contribution	on		Adde	to Fees
Zìp	Country	Zip	Country		1	nis corporation owes		year Inta		
24	25		30			ersonal Property Tax		100000000	Yes	No
	9. Name and Address of Current	Registered Agent		Name -	10. N	ame and Address o	or New Reg	istered A	gent	
בו מי	WER, BRUCE W ESQ.		81	Name			_			
	NORTH MAITLAND AVENUE		82	Street Addre	ress (P.O. Box Number is Not Acceptable)					
	FLAND FL 32751									
MAII	ILAND PL 32/51		83							
ļ			84	City					85 Zij	Code
f								FL	ł I	
11 Purcuant	to the provisions of Sections 607 0502	2 and 607.1508. Florida Statutes	s, the above	e-named corpo	oration s	ubmits this statemen	nt for the pur		changing i	ts registered
11. Pursuant office or ragent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State or am familiar with, and accept the obligation	ions of, Section 607.0505, Fiori	ua Statutes				nt for the pur by accept th	rpose of one appoint	changing i tment as	ts registered registered
agent. I a	im familiar with, and accept the obligation	t and title if applicable. (NOTE: F	Registered Agen	e-named corpo the corporatio st signature required	ed when reins	stating)		rpose of one appoint		
agent. I a SIGNATURE 12.	im familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS ANI	nons of, Section 607.0505, Florid and title if applicable. (NOTE: F	Registered Agen		ed when reins			rpose of one appoint		TORS 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.