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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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Jun 01, 1999 8:00 am
Secretary of State
06-01-1999 90010 014 ***150.00

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j		00000	•			ļ	June.19	1996	2]
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21		26					65-0681	287		Not	Applicable	
	.#, etc	Suite, /	Apt. #, etc.	-/		-	5. Certifcate of Status	·Desired	\$	8.75 A	dditional	1
22		27					J. Certificate of Status	Desired	<u> </u>	Fee Red	quired	
City & State	e	City &	State				6. Election Campaign	Financing		\$5.00	May Be	ł
23		28	_/				Trust Fund Contrib	ution		Added to	Fees	
Zip.	Country	Zip	-	Country	1		8. This corporation ov	es the curren	it year Intang			
24	25	29		30			Personal Property				⊉N o	
	9. Name and Address	of Current Registered A	gent		т		10. Name and Addres	s of New Re	gistered Age	ent		ļ
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U 17			50 1)	82	Street	Address	s (P.O. Box Number is I	Not Acceptable	e)			
	1,2M 348			83								
·Mir	-amar, FL	33023 -	5011		ļ							
- _				84	City				FL 8	l 5 ∫ Zip Ci	ode	
11, Pursuant office or n	to the provisions of Section registered agent, or both, in impamiliar with, and accept	the State of Floridar Such	, Florida Statute change was at	es, the abov	e-named the corpo	corpora oration's	ation submits this statem s board of directors. I he	ent for the purereby accept t	rpose of char he appointme	nging its r ent as reg	egistered istered	
		ing poligations of, operation	1007.0000, 1 101	ioa statutes	٥.					_		
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SIGNATURE	Signature, typed or printed name of r	egypered agent and title if applicable	MANG	Registered Age	_		nen reinstating)		5-25-	49		8)
SIGNATURE	Signature, typed or printed name of r	iden - Lohn	(NOTE:	Registered Age	_	dw benupe	nen reinstating) ADDITIONS/CHANG		0-25- DATE DERS AND D	OIRECTOR	RS IN 12	1/98)
SIGNATURE	Signature, typed or printed name of r	egypered agent and title if applicable	MANG	Registered Age	_	dw benupe	ADDITIONS/CHANG	ES TO OFFIC	DATE DERS AND D	PIRECTOF Change		(11/98)
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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 chapter 607, or on an attachment with an address, with a pther like empowered.

SIGNATURE: