	IAL REPORT		U	reta VISIO OF	in S	8 HC	ONS	99 AUG 25 PH 2: 36
DOCUN 1. Corporation	MENT#	29(00	000	5591	15:	3		SECHEJÁFI A STÁTE TALLAHASSEE, FLORIDA
	•	nterprise	es, I					TALLAHASSEE, FLORIUA
Principal Place	of Business		Mailing A	ddress				
•	0 Military	y Trail						
Suite 210 same						DO NOT WRITE IN THIS SPACE		
Delray Beach, FL 33484								3. Date Incorporated or Qualifed 07/08/1996
	ace of Business		2a. Mailin ⊡1	g Address				4. FEI Number Applied For
1 Suite Ant	# etc	2	Suite	Apt. #, etc.				65-0678307   Not Applicable   \$8.75 Additional
2	Suite, Apt. #, etc.			27				5. Certificate of Status Desired
City & State			City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Count	ry	Zip		P-****	intry		8. This corporation owes the current year Intangible
·4	25		9		30	Υ		Personal Property Tax.
	9. Name and Add	ess of Current Re	gistered	Agent	_	81	Name	10. Name and Address of New Registered Agent
Dob	ort DiMor	20 Cr				82	Street &	ddress (P.O. Box Number is Not Acceptable)
	ert DiMarc					Ш	30001	duless (F.O. DOX Number is Not Acceptable)
7493 Prescott Lane Lake Worth, FL 33467						83		
1,0,1	,	FL 33467	•			84	City	85 Zip Code
44 D	the residence of Co.	niona 607 0502 no	4 607 460	9 Florida Status	ton the s	5010	named o	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name	ne of registered agent and OFFICERS AND D		S	13.		Bama	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAMEPSVT	DiMarco,	Robert S	Sr.	☐ DELETE	1.1 TI 1.2 N		ŀ	☐ Change ☐ Addition
STREET ADDRESS	,		•				ADORESS	14000 Military Trail, Ste210
CITY: ST-ZIP	· - · — — — — — — — — — — — — — — — — —			O DELETE		TY-ST-	ZIP	Delray Beach, FL 33484
TITLE				☐ DELETE	21 TI 22 N			☐ Change ☐ Addition
NAME STREET ADDRESS							ADDRESS	
CITY-ST-ZIP						ITY-ST		
IIILE				☐ DELETE	3 f TI	TLE		☐ Change ☐ Addition
NAME					32 N			8000029884188
STREET ADDRESS							ADORESS	-09/16/9901016001
CITY-ST-ZIP TITLE			<u>-</u> .	☐ DELETE	4.1 11	itv-st	-20	<u>*****750_00                                  </u>
NAME					4.21	IAME		
STREET ADDRESS					4.3 5	TREET	ADDRESS	
CITY-S1-ZIP				C per ere		TY-ST-	-ZIP	Disease District
TITLE				☐ DELETE	5.1 TI 5.2 N		l	☐ Change ☐ Addition
NAME STREET ADORESS							ADDRESS	
CITY-ST-ZIP						TY-ST-		
TITLE				☐ DELETE	6.1 TI	TLE		☐ Change ☐ Addition
NAME				,	62 N			
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP			ta eita - a			TY-ST-		in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated of	no this annual report o	r supplemental and ion or the receiver	ual report or trustee	is true and acc	urate and execute ti	l that his re	my signa port as re	ture shall have the same legal effect as if made under cath; that I am an quired by Chapter 607. Florida Statutes; and that my name appearate.
SIGNAT	URE: Md	RE AND TYPED OR PRIN	TED NAME O	Robe	r + D	i M	arco	, Sr., PSVT Date 07/21/99 Daytime Proces

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

PROFIT CORPORATION