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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90002 025 ***150.00

DOCUMENT # P96000069419

Mailing Address			
1770 NW 38 AVE. LAUDERHILL FL 33311		DO NOT WRITE IN THIS SPACE	
	. ` ` `	3. Date Incorporated or Qualifed 08/16/1996	
2a. Mailing Address		4. FEI Number 59-5867739	
Suite, Apt. #, etc.	- -	5. Certificate of Status Desired	
City & State		6. Election Campaign Financing Trust Fund Contribution \$5.	
Zip	Country 30	8. This corporation owes the current year Intangible Personal Property Tax.	
		10. Name and Address of New Registered Agent	
		ddress (P.O. Box Number is Not Acceptable)	
	1770 NW 38 AVE. LAUDERHILL FL 33311 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	1770 NW 38 AVE. LAUDERHILL FL 33311 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 urrent Registered Agent 81 Name	

|--|

	08/16/1996				
4.	FEI Number			Applied For	
	59-5867739			Not Applicable	
5.	Certificate of Status Desired		•	\$8.75 Additional Fee Required	
_	Flection Compaign Figureing		\$ 5	00	

55.00 May Be Added to Fees ear Intangible ☐ Yes

tered Agent

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of 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.

City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE .	PO .	☐ DELETE	1.1 TITLE	Change Addition		
NAME	WILLIAMS, ERROL		1.2 NAME			
STREET ADDRESS	1770 NW 38TH AVE		1.3 STREET ADDRESS			
CITY-ST-ZIP.	LAUDERHILL FL		1.4 CITY-ST-ZIP			
TITLE	CO	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition		
NAME	WILLIAMS, PAMELA		2.2 NAME			
STREET ADDRESS	1770 NW 38TH AVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	Lauderhill fl		2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition		
NAME			3.2 NAME			
STREET ADDRESS	-		3.3 STREET ADDRESS	,		
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition		
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CrTY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition		
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	Change Addition		
NAME	-	- د المسلم الله	6.2 NAME			
STREET ADORESS			6.3 STREET ADDRESS	Ì		
CiTY-ST-ZIP			6.4 CITY-ST-ZIP	- Cartier 440 07/200) Florida Statutos I further partify that the information		

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 informati 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, of on an attachment with an address, with all other like empowered.

SIGNATURE:

4 13 95 954 731 0097 Date 13 95 Dayline Phone #