**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000071411

1. Corporation Name

## FILED Apr 29, 1999 8:00 am Secretary of State

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Principal Place		Mailing Address				1						
1500 A ELIZABETH AVE.   1500 A ELIZABETH AVE.   WEST PALM BEACH FL 33405   WEST PALM BEACH FL 334			3406	6								
WEST FALM DEAGH IL 33405 WEST FALM DEAGH IL 334			3403	<i>A</i>				O NOT WR	ITE IN 11	HS SPACE		
						3.	Date Incorporated					
						-	08/26/1996					
2. Princit al P	lace of Business	2a. Mailing Address				4.	FEI Number				Арр	lied For
21		26				65-0702156				<b></b> :-	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.								\$8.7	<b>5</b> Ac	ditional
22		27				5.	Certificate of Statu	is Desired		Fe	е Янф	uired
City & Stat	e	City & State				6.	Election Campaig	n Financing		\$5.	00 v	/lay Be
23		28					Trust Fund Contri	bution				Fees
Zip	Cot ntry	Zip	Cou	ntry		8.	This corporation of	owes the cur	rent year	Intangible		
24	25	29	30				Personal Property	/ Tax.		Yes	[	No
	9. Name and Address of Current	Registered Agent				10.	Name and Addre	ess of New	Register	ed Agent		
NOD	NORGO HORETH I			81	Name							
	CROSS, LISBETH J		ŀ	82	Street Ad	idress (F	P.O. Box Number is	Not Accept	able)			
	) A ELIZABETH AVE.				0							
WES	ST PALM BEACH FL 33405		ļ	83				_				
			İ	84	City	— —				105	Zip C	
				G##	City				F	L  85	cip ca	306
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State	of Florida. Such change was a	authorized	by th	named co e corpora	rporation ation's bo	n submits this state oard of directors. I	ment for the hereby acce	purpose pt the ap	of changin pointment a	gits 1 ıs reçi	egistered istered
	m familiar with, and accept the obligati	ions of, Section 607.0505, Fig	inda Statu	ites.								
agent. i a	Signature, typed or printed name of registered agen		: Registered		ignature req	ired when r	reinstating:		DATE			
		and title if applicable (NOTE) DIRECTORS			ignature req		reinstating: ADDITI: DNS/CHAN	IGES TO OF		AND DIRE	CTO	
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS ANI	and title if applicable (NOT)	Registered	Agent si	ignature req			IGES TO OF		AND DIRE		RS IN 12
SIGNATURE	Signature, typed or printed ni me of registered agen OFFICERS ANI D NORCROSS, LISBETH J	and title if applicable (NOTE) DIRECTORS	Registered	Agent si	ignature req			IGES TO OF				
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14. I hereby certify that the information supplied with this filling 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 uncer cath; that I am an officer or director of the corporation or the receiver or truetée 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.

SIGNATURE:

SIGNATURE AND TYPED OR PENTED NAME OF SIGNING OFFICER OR DIRECTOR

i aytıme Phone #