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**

DOCUMENT # P96000072280

1. Corporation Name

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90003 041 ***150.00

AGGHA,	ING.								
Principal Place	of Business	Mailing Address						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	At 1810 BAN INE
5101 NORTH HIGHWAY A1A #301 5101 NORTH HIGHWAY A1A #30 VERO BEACH FL 32963 VERO BEACH FL 32963				301		DO NOT WRIT	E IN THIS S	PACE	
						3. Date Incorporated or Qualifed 08/29/1996			
Principal Place of Business 2a. Mailing Address						4. FEI Number 65-0695582		h	Applied For Not Applicable
21 26 Suite Apt. #, etc. Suite, Apt. #, etc.									Additional
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired			Required
City & State					-	Election Campaign Financing Trust Fund Contribution		•	May Be
Zip	Zip Country Zip		Country			8. This corporation owes the curre		ngible	
24	25 29 30		0			Personal Property Tax.		Yes	⊠ No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Ro	gistered A	gent	
SMITH, JOEMAX 5101 NORTH HIGHWAY A1A, SUITE 301					Name Street Addre	ss (P.O. Box Number is Not Acceptate	ole)		
VERO BEACH FL 32963			Ī	83					
				84	City		FL	85 Zip	o Code
agent. I as SIGNATURE	to the provisions of Sections 607.056 agistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age	ations of, Section 607.0505, Fioric	ja Statu	100.	named corporation		DATE		
12.	OFFICERS AF	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND		
TITLE	_		1.1 TITL	LE				Change	e 🔲 Addition
NAME	OMITTI, DETAILS III		1.2 NA						
STREET ADDRESS			1.3 STF	REET	ADDRESS				ļ
CITY-ST-ZIP	VERO BEACH FL 32963		1.4 CIT	Y-ST-	ZiP				
TITLE	-		2.1 T∏	LE				☐ Chang	e 🔲 Addition
NAME	SMITH, STEVEN L		2.2 NA	ME					1
STREET ADDRESS	5101 NORTH HIGHWAY A1A	#3 01	2.3 STF	REET	ADDRESS	•			ĺ
CITY-ST-ZIP	12,10 02,10,112 02000			2. 4 CITY-ST-ZIP				Chang	e Addition
TITLE				3.1 TITLE				Chang-	e C Addition (
NAME			3.2 NAI	ME.					
STREET ADDRESS	3.3		3.3 STF	3.3 STREET ADDRESS					ł
CITY-ST-ZIP			_	3.4. CITY-ST-ZIP				C) Ch	e Addition
TITLE	-			4.1 TITLE				Chang	e LJ Addision
NAME			4, 2 NA						
STREET ADDRESS			4.3 STF	REET	ADDRESS				
CITY-ST-ZIP			4.4 CIT		- ZIP			Chang	e Addition
TITLE		DELETE	5.1 1111						e LJ Addidolf
NAME			5.2 NA						ļ
STREET ADDRESS			5.3 STF	REET.	ADDRESS				

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 arachment with an address, with all other like empowered.

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

(561) 231-3796 2-11-99

Change

Addition