

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

08-09-1999 90010 010 ***150.00

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FILED

00 JUN 23 AM 9:18

 SECRETARY OF STATE
TALLAHASSEE, FLORIDA


DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1996

4. FEI Number

65-0520050

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

84 City

FL

85 Zip Code

Principal Place of Business

12515 NO KENDALL DRIVE STE 314
MIAMI FL 33186

Mailing Address

12515 NO KENDALL DRIVE STE 314
MIAMI FL 33186

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

b. Name and Address of Current Registered Agent

 SHENKMAN, PHILIP CPA
12515 NO KENDALL DRIVE STE 314
MIAMI FL 33186

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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when removing)

DATE

12. OFFICERS AND DIRECTORS

 TITLE PD ☐ DELETE
NAME MCGUIRE, MADELEINE
STREET ADDRESS 12515 NO KENDALL DRIVE STE 314
CITY-ST-ZIP MIAMI FL 33186

 TITLE President ☐ DELETE
NAME McGuire, Michael
STREET ADDRESS 12515 N. Kendall Dr. #314
CITY-ST-ZIP Miami, FL 33186

 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
100003326841
-07/18/00--01078--
***150.00 ***150.00

 2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Pres. Michael McGuire
12515 N. Kendall Dr. #314
Miami, FL 33186

 3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

 4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

 5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

 6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 attachment with an address, with all other filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael L. McGuire

4.20.99

305)271-8585