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

Mailing Address

SUNRISE FL 33323

2a. Mailing Address

Suite, Apt. #, etc.

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12801 W. SUNRISE BLVD

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600085273

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

12801 W. SUNRISE BLVD

SUNRISE FL 33323

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F.A.D. CORPORATION OF FT. LAUDERDALE

9, Name and Address of Current Registered Agent 9, Name and Address of Current Registered Agent MILLER, FLORENCE 2505 BAY ISLE DRIVE BLDG 6, APT 404 WESTON FL 33327 11, Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above and of directors. I hereby accept the appointment as regists of florida, such change was authorized by the corporation's board of directors. I hereby accept the appointment as regists of florida and the provisions of Sections 607 0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. CITY DELETE 1.1 TITLE MILLER, FLORENCE 1.2 NAME 2.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP DELETE 1.3 TITLE NAME 2.3 STREET ADDRESS CITY-ST-ZIP DELETE 3.1 TITLE NAME 3.3 STREET ADDRESS STREET	May Be				
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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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I a indicated on this annual report or supplemental annual report is true and accorate and that my signature shall have the same legal effect as if made under oath; that I a indicated on this annual report or supplemental annual report is true and accorate and that my signature shall have the same legal effect as if made under oath; that I a indicated on this annual report or supplemental annual report is true and accorate and that my signature shall have the same legal effect as if made under oath; that I a indicated on this annual report or supplemental annual report is true and accorate and that my signature shall have the same legal effect as if made under oath; that I a indicated on this annual report or supplemental annual report is true and accorate and that my signature shall have the same legal effect as if made under oath; that I a indicated on this annual report or supplemental annual report is true and accorate and that my signature shall have the same legal effect as if made under oath; that I a indicated on this annual report of supplemental annual report is true and accorate and that my signature shall have the same legal effect as if made under oath; that I a indicated on this annual report of supplemental annual report is true.	mation				

SIGNATURE:

COPENCE MILKE 1/15/99 954-845-0006

FILED

Feb 18, 1999 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

10/14/1996 4. FEI Number

65-0732362

02-18-1999 90036 044 ***150.00