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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000086572

1. Corporation Name

Feb 13, 1999 8:00 am Secretary of State

02-13-1999 90018 041 ***150.00

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Principal Place	e of Business	Mailing Address			1 (BO) (OD) (OD) (OD) (OD) (A DO) (A D	ANTIN MOINT IRIUM ALIAN ALIAN	10010 1101 1001
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WELLINGTON FL 33414 WELLINGTON FL 33414						•	
						IN THIS SPACE	
					3. Date Incorporated or Qualifed		Ì
		LA MANY ALL :			10/18/1996		
	lace of Business	2a. Mailing Address			4. FEI Number		plied For
21 Suito Ant	# oto	Suite, Apt. #, etc.			65-0720486		t Applicable
					5, Certifcate of Status Desired	□ \$8.75 / Fee_Re	
City & State	e	City & State			6. Election Campaign Financing	\$5.00	
23	_	28			Trust Fund Contribution	\$5.00 Added t	
Zip	Country	Zip	Countr	у	8. This corporation owes the curren		
24	25	_ ` .	30	•	Personal Property Tax.		□No
	9. Name and Address of Curre		, T		10. Name and Address of New Re	gistered Agent	
			8.	Name			
	LEY, STEVEN		8:	Stroot Adn	dress (P.O. Box Number is Not Acceptable	۵۱	
	IS HALTER ROAD		"	Sireer Add	uress (F.O. Box Number is Not Acceptable		
WEL	LINGTON FL 33414		83	3	海台實際 (2016年) (2016年)	经验证据	
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11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the abov	/e-named cor	rporation submits this statement for the pu	rpose of changing its	registered
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was au	thorized by	the corporat	rporation submits this statement for the pution's board of directors. I hereby accept t	rpose of changing its he appointment as req	registered gistered
office or na agent. I a	egistered agent, or both, in the State	e of Florida. Such change was au	thorized by	the corporat	rporation submits this statement for the pution's board of directors. I hereby accept t	rpose of changing its he appointment as re	registered gistered
office or nagent. I as	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was au pations of, Section 607.0505, Flor pent and title if applicable. (NOTE:	ithorized by ida Statute	y the corporat s.	rporation submits this statement for the pution's board of directors. I hereby accept the red when reinstating the state of the state o	rpose of changing its he appointment as req	registered gistered
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14. Thereby 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 any attachment with an address, with all other like empowered.

SIGNATURE: