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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

00094938		02-10-1999 90001 005 *****1	150.00
Mailing Address		# INDIANA INT THIS BOILT BRIST BRIST BRIST BRIST BRIST	0 30131 01040 10100 11401 1 0 11 1001
286 INDIAN TRACE RD			
WESTON FL 33326		DO NOT MORE IN THIS	C CDACE
05			3 SI AGE
		1 -	, ,
2a. Mailing Address		4. FEI Number	Applied For
26		65-0712207	Not Applicable
Suite, Apt. #, etc.		5. Certifcate of Status Desired.	\$8.75 Additional Fee Required
		6 Election Campaign Financing	\$5.00 May Be
28		Trust Fund Contribution	Added to Fees
Zip	Country	8. This corporation owes the current year in	ntangible
	30		Yes MNo
	81 Name	10. Name and Address of New Registered	Agent
		Idea (D.O. Day Muschas is Net Apportable)	
	82 Street Ad	gress (P.O. Box Number is Not Acceptable)	。 数 1945.は 中心的の思り切り開発したがらに関いて1月間数
2	83		
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0500 C07 4500 Flasida Ctatute	a the charge named on	moration submits this statement for the numes of	f changing its registered
tate of Florida. Such change was al	ITDODZEG DV TDE CODOCE	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo	f changing its registered introduced introduced in fractions in the control of th
.0502 and 607.1508, Florida Statute tate of Florida. Such change was at bligations of, Section 607.0505, Flor	ITDODZEG DV TDE CODOCE	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo	f changing its registered pintment as registered
tate of Florida. Such change was albligations of, Section 607.0505, Flor	utnonzed by the corpora rida Statutes.	arion's poard of directors, I hereby accept the appo	intinent as registered
tate of Florida. Such change was at bligations of, Section 607.0505, Florid agent and title if applicable. (NOTE: S AND DIRECTORS	uthorized by the corporarida Statutes. Registered Agent signature requ	arion's board of directors. Thereby accept the appointment of the directors of the property accept the appointment of the property accept the pr	ND DIRECTORS IN 12
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	Mailing Address 286 INDIAN TRACE RD WESTON FL 33326 US 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Urrent Registered Agent	Mailing Address 286 INDIAN TRACE RD WESTON FL 33326 US 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 Irrent Registered Agent 81 Name 82 Street Ac 83 84 City	Mailing Address 286 INDIAN TRACE RD WESTON FL 33326 US DO NOT WRITE IN THE 3. Date Incorporated or Qualifed 11/20/1996 4. FEI Number 65-0712207 Suite, Apt. #, etc. 27 City & State 28 Zip Zip Zip Country 29 30 Country 30 Reference Agent 10. Name and Address of New Registered 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City

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 suppliemental 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 of 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 chapted, or on ab attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

WESTERN FL

NAME

STREET ADDRESS

FILED

Feb 10, 1999 8:00am

Secretary of State