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

PROFIT CORPORATION ANNUAL REPORT 1999



DIVISION OF CORPORATIONS

FILED Feb 27, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

02-27-1999 90017 035 ***150.00

| 1. Corporation | MENT # P96000 INTED STATES CORP. | 0101269 | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------|
| | | A S - (1) A - d - d | | |
| SUITE 12 | e of Business EST 36TH STREET 18 | Mailing Address SUITE 12 8001 SOUTHWEST 36TH S' DAVIE FL 33328 | TREET | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed |
| | | | | 12/16/1996 |
| 2. Principal F | Place of Business | 2a. Mailing Address | 20th Alc | 4. FEI Number Applied For |
| 21 | N . | | 70th AUE | 65-0720551 Not Applicable |
| Suite, Apt | . #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired |
| City & Sta | | 27 = 100 City & State | | A Floring Compoint Financing \$5.00 May Be |
| 23 | | 28 Plantatio | N FL | Trust Fund Contribution Solution Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes the current year Intangible |
| 24 | 25 | 29 33317-2360 | 30 V.S. | Personal Property Tax. ✓ Yes No |
| | 9. Name and Address of Curre | nt Registered Agent | | 10. Name and Address of New Registered Agent |
| SUITE 12 8001 SOUTHWEST 36TH STREET DAVIE FL 33328 84 Plantation | | | | Address (P.O. Box Number is Not Acceptable) NW 70 th AUE, Ste 100 Whation FL 85 Zip Code 33317-2346 |
| office or i | egistered agent, or both, in the State im familiar with, and accept the oblig | e of Florida. Such change was at ations of, Section 607.0505, Flor | uthorized by the corp rida Statutes. | poration's board of directors. I hereby accept the appointment as registered |
| ···· | Signature, typed or printed name of registered ag | | Registered Agent signature | a required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| 12. | | ND DIRECTORS ☐ DELETE | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE NAME | PSD Kotting, Lothar | _ buzzere | 1.2 NAME | |
| STREET ADDRESS | ALUTE 40 AGAL COLITISHEAT | 36TH STREET | 13 STREET ADDRESS | \$ 300 NW 10th Ave # 100 |
| CITY-ST-ZIP | DAVIE FL 33328 | JOHN JINEE! | 1.4 CITY-ST-ZIP | Plantation, FL 33317-2360 |
| TITLE | Divide the double | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 2.2 NAME | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | s . |
| CITY-ST-ZIP | | | 2. 4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 32 NAME | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | s |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | Change Addition |
| TITLE | | ☐ DELETE | 4.1 TITLE | Charge Addition |
| NAME | | | 4. 2 NAME | |
| STREET ADDRESS | | | 4 3 STREET ADDRESS | S |
| C/TY-ST-Z/P | | ☐ DELETE | 4.4 CITY-ST-ZIP 5.1 TITLE | . Change Addition |
| TITLE NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | s . |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | s |
| | | | 6.4 C/TY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not gradify 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 a state of the corporation of the corporati

SIGNATURE: