PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine hierris

Secretary of State

1999

DIVISION OF CORPORATIONS

May 04, 1999 8:00 am Secretary of State

05-04-1999 90067 044 ***150.00

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4,			•	* 562558-	5 5 8 * 90001 - 35	
Principal Plac	ce of Business	Mailing Address				
	18400 SAN C	ARLOS BLUD.				
1	FORT MYER.	S BEACH. FL		<u> </u>	E IN THIS SPACE	
}	() () () ()			3. Date incorporated or Qualifed		1
			393/	12/28/96	· · · · · · · · · · · · · · · · · · ·	
	Place of Business	2a. Mailing Address	,	4. FEI Number		plied For
21 Cuito Ant	# ata	Suite, Apt. #, etc.		65-07273	·· ······	at Applicable Additional
Suite, Apt.	. #, o.c.	27		5. Certifcate of Status Desired	,	equired
22 City & Stat	le	City & State		6. Election Campaign Financing	\$5.00	May Be
23	·	28		Trust Fund Contribution	1 1	io Fees
Zip	Country	Zip	Country	8. This corporation owes the curre		_
24	25		30	Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New R	egistered Agent	
1	5 7777		OI NETTHE			
	• • • • • • • • • • • • • • • • • • •	3 2 2 2	82 Street Ad	Idress (P.O. Box Number is Not Acceptal	ole)	
	PiTTS, ROT		83			
ſ	18400 SAN	CARLOS BLUE). []			
	FORT MYER	RS BEHEH, FL	Report 84 City		FL 85 Zip (Code
11, Pursuant	to the provinces of Sections 507.050	02 and 607 1508 Florida Statute	e the shownsmed on	rporation submits this statement for the p	urpose of changing its	registered
l office or r	registered agent, or both, in the State	of Florida, Such change was at	thorized by the corpora	ition's board of directors, I hereby accept	the appointment as re-	sistered !
ì eoentis	m familiar with and accept the obliga	ations of Section 607.0505. Flor	ida Statutes.			· .
1 1	am familiar with, and accept the obliga	ations of, Section 607.0505, Flo	ida Statutés.	ب	5-17-99	
agent. 1 a SIGNATURE	sportamiliar with, and accept the obligation of sportage of printed name of registered accept the obligation of sportage of sp	ations of, Section 607.0505, Flor	ida Statutes. Registered Agent algosture requ	ured when reinstating)	5-12-99 DATE	
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review certify that the information supplied with this tiling does not quality for the exemption stated in Section 119.07(3)), Fronce statutes, intrinsic 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 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 like empowered.

SIGNATURE: ROBERT PITTS