## 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

## 1999 DOCUMENT # P97000007289

1. Corporation Name

## Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90010 037 \*\*\*150.00

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2. Principal Pla	lace of Business		2a.	Mailing Add	iress			'	65-0724263			<del> </del>	ot Applicable
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Suite, Apt. #	#, etc.		0.7	Suite, Apr. 4	+, etc.				<ol><li>Certifcate of Status De</li></ol>	esired		<b>*</b>	equired
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24		ddress of Curren		tered Agent		<u> </u>		1	0. Name and Address o		egistered .	Agent	
						81	Name						}
AMEI	RILAWYER CHAP	rtered				82	Stroot	Address	(P.O. Box Number is Not	Accenta	hle)		
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COR	IAL GABLES FL 3	33134				83							
												05 7in	Code
						84	City				FL	85 Zip	Code
office or re	to the provisions of registered agent, or m familiar with, and	hoth in the State	of Florid	ia. Such cha	nde was autr	ionzea by	the corpo	corporat oration's	ion submits this statemen board of directors. I here	by accep	t the appoi	ntment as re	egistered
SIGNATURE	=		4 4 4 4 4			mintered Acc		rocusined who	on minerations)		DATE		
	Signature, typed or printed			if applicable.				required whe	on reinstating)	TO OFF	DATE	D DIRECT	ORS IN 12
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not additify 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 toke 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 adactment with an address with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS