PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # P9700008142

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

02-22-1999 90003 002 ***150.00

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MILLER, ROBERT B 1400 N.E. MAMI GARDENS DRIVE SUITE 216 NORTH MAMI BEACH FL 33179 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Flonds Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonds. Such change was submits about on submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonds. Such change was submits about of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Flonds. Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonds. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered agent, and accept the appoi	24 3316		25	<u>o</u>			
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TITLE		Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature require	ed when reinstating) DA	TE	
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. 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 informatio 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 an address, with all other like empowered.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

305)653-666b

CR2E034 (11/98)