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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90159 014 ***150.00

DOCUMENT #	P9700001578	38
4. Companytion Norma	1 01 0000 101	

Corporation Name

	PERATIONS, IN	CORPORATED						
Principal P ace of Business		Mailing Address				L (ONINON) tid intil 10011 SOLS DAILI DAIL	80/81 HJ# 8/HJ 1908	i i i i i i i i i i i i i i i i i i i
251 SW 35 AVE C/O AIG DEERFIELD BCH. FL 33441 1919 NE 45 ST # Z. Z. S FT LAUDERDALE FL-393(7-3470-33:)			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
)) ;;	OR			02/19/1997		
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	A	pplied For
21		26				65-0731822		ol Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	•	5. Certificate of Status Desired		Additional equired
City & 5 tate		City & State				6. Electic n Campaign Financing	\$5.00	vlay Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Counti	гу		8. This corporation owes the current ye		
24 25		29	30			Personal Property Tax.	Yes	_ No
9. Name and	Address of Curren	: Registered Agent	8	14 A	lame	10. Name and Address of New Regist	teriio Agent	_
CAO, JOHNNY P			ľ					
251 SW 35 AVE			8	2 S	treet Add	ress (P.O. Box Number is Not Acceptable)		į
DEERFIELD BCH. I	FL 33441	· · · · · · ·	8	3				
			_	\perp			leal #	
			8	4 0	ity		F'L 85 Zip	Code
office or registered agent, agent. I am familiar with,	s of Sections 607.050; or both, in the State of and accept the obligat	of Florida, Such change was ions of, Section 607.0505, F	authorized b orida Statute	by the es.	corporati	poration subm ts this statement for the purpoon's board of directors. I hereby accept the	ap Johnnest as re	eçlistered
		and title if applicable. (NO	E: Registered Ag	gent sig	nature recuire	- International	ATE	
12.) DIRECTORS	13.		natore recuire	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT	
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14. There by 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 indical ed on this annual report or supplemental annual report is true and accurate and that my signal use 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 change 1, or on an attachment with an address, with all other like empowered

6.4 CITY-ST-ZIP

SIGNATURE:

520-0249