PROFIT · CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000018314

1. Corporation Name

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90089 004 ***150.00

Principal Flace 1814-A NW 29T FORT LAUDERC	'H STREET	Mailing Address 1814-A NW 29TH STREET FORT LAUDERDALE FL 933	11	DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	
				02/24/1997	
<u> </u>	lace of Business	2a. Mailing Address 26 P. O. Box	936527	4. FEI Number 65-0757085	Applied For No: Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5. Certifcate of Status Desired	\$8.75 Additional
City & State		City & State		6. Electic n Campaign Financing	\$5.00 Vlay Be
23		28 Margate 7	Florida	Trust Fund Contribution	Added to Fees
Zip	Country	<u>Zi</u> p	Country	8. This corporation owes the current year In	tangible
24	9. Name and Address of Curre		30 Gravanc	Personal Property Tax. 10. Name and Address of New Registered	Yes ZMo
1814	ea, Martin C I-a NW 29th Street T Lauderdale FL 33311		83	dress (P.O. Box Number is Not Acceptable)	85 Zip Code
			84 City	FL	85 Zip Code
SIGNATURE	Signature, typed or printed na ne of registered as	gent and title if applicable (NOT E	Registered Agent signature requir	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR'S IN 12
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRE 3S	KILDEA, MARTIN C 1014 A N.W. 29 STREET		1.2 NAME 1.3 STREET ADDRESS	BIYA N.W. 29 Street	
CITY-ST-ZIP	FT LAUDERDALE FL 32311		1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	2.1 TITLE 2.2 NAME		☐ Change ☐ Addition
NAME expect announce			2.2 NAME: 2.3 STREET ADDRESS		
STREET ADDRE ;S CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		_ == =	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		

14. 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 information indicated on this annual report or supplemental a must 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 appears, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)