	RPORATION UAL REPORT 1999		Katherine Secretary DIVISION OF CO	of State	HILL HERRETARY HOTOTOM OF CO	ME STATE
DOCU	MENT#P	970000	2422 <i>0</i>		99 SEP 20	
1. Carporato Fil 133	ncraft P 15 S. Cong	lanes, Inc	; ste. 100 33426 billing Address	o- A		
ر (کی Enjoingual Pha	YN TON D	each, FL	iling Address			
1325 Ste.	S. Congre	ss Avc.	alling Address 1325. S. Cong Ste . 100-A Boynton Beau	iress Arc.	DO NOT WRITE IN THI	S SPACE
Boynt	on Beach,			oh, FL 33426		
2. Panagat 6 1[]325	5. Congre	ss Ave. [28]	Mailing Address 1325 S. Con Suite, Apt #, etc.	yress Ave.	4. FEI Number 65-0753160	Applied For Not Applicable \$8.75 Additional
21 Ste	No-Ă	27	Ste 100-	A	5. Certifcate of Status Desired	Fee Required
City & Sta		i i	Boyn ton B	_	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
330 4 330	ton Beach	ntry	Zip /	Country	This corporation owes the current year In Personal Property Tax.	
, –		dress of Current Regis		81 Name (2	10. Name and Address of New Registered	1 Agent
82 Street Address (P.Ø. Box Number is Not Acceptable) 83 Surve (OO - A 84 City Boy An Beach FL 85 Zip Code 84 City Boy An Beach FL 85 Zip Code 85 34 24 24 25 25 25 25 25 25 25 25 25 25 25 25 25						
agent Ta SIGNATURE	. Million	and of registered agent and title	MI GARI	ry FISA	nan ras	9/17/99
12		OFFICERS AND DIRE	CTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
"`LF	D	0	☐ DELETE	1.1 TITLE		Change Addition
NAME STREET ADORESS	1-139 man	Barry au Birkdalı	Drive	1.2 NAME 1.3 STREET ADDRESS		:
arner - Abenicas OffisS1, Zer	Lake Wi	orth IFL 3	3463	1.4 CiTY-ST-ZIP		
TOUR	l Ø	_	□ DELETE	21 TITLE		☐ Change ☐ Addition
NAMI	tJehlik, Do	nald piration Roa	0	22 NAME	000002992	2002
STEEFF FACCAGES	9380 IV21	piration Roa	. ENF	2.3 STREET ADDRESS	-09/21/99	
(Gr-St-Za	crestline	, CA 9233	LS ☐ DELETE	2.4 CITY-ST-ZIP	****550.00	####550_00 ☐ Change ☐ Addition
TOREE NAME			□ beceit	3.1 TITLE 3.2 NAME		
seron Silemi II Allumorist				3.3 STREET ADDRESS		
CiC+-\$1.7i=	:1			3.4. CITY-ST-ZIP		
t⊬.f			DELETE	4.1 TITLE		Change Addition
NOM:				4. 2 NAME		
STREET ADEMS of	<u> </u>			4.3 STREET ADDRESS		
(16.81.75			[] DELETE	4.4 CITY-ST-ZIP		Change Addition
Hi.£			F) OETE IE	5.1 TITLE 5.2 NAME		_ s.m.gsresulti
NAME STREET ADDRESS				5.3 STREET ADDRESS	Malan	
S HEET NOTHERS: CITY-\$1-26:				5.4 CITY-ST-ZIP	XX 191/LU	
Ti'l F			——————————————————————————————————————	6.1 TITLE	144.1	DOS DANGES
			□ DELETE	6.1 TILE	Ψ'	☐ Change ☐ Addition
NAME			∐ DELETE	6.2 NAME	Ψ, /	Change DAddition
enti Terri I ADDECS			∟ DELETE		ω, /	Change Addition

FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION

14. Thereby 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 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 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. 561-734-0052 Daytime Phone # SIGNATURE: 3