CR2E034

**:COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.** AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

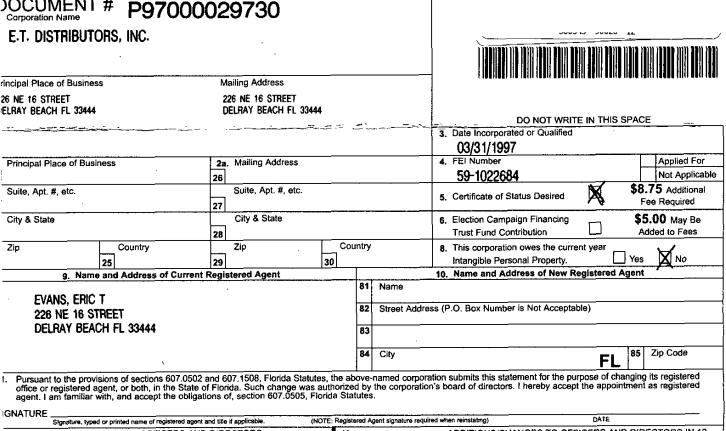
Secretary of State **DIVISION OF CORPORATIONS** 

## OCUMENT #

rincipal Place of Business

## FILED Jul 12, 1999 8:00 am Secretary of State

07-12-1999 90020 012 \*\*\*558.75



**IGNATURE** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. LΕ 1.1 TITLE Change Addition DELETE EVANS, ERIC T 1.2 NAME ΜE **226 NE 16 STREET** 1.3 STREET ADDRESS REET ADDRESS **DELRAY BEACH FL 33444** 1.4 CITY-ST-ZIP Y-ST-ZIP 2.1 TITLE Change Addition ĿE DELETE ΝE 22 NAME 2.3 STREET ADDRESS **₹EFT ADDRESS** 2.4 CITY-ST-ZIP Y-ST-ZIP DELETE 3.1 TITLE Addition ŧΕ 3.2 NAME ٧E 3.3 STREET ADDRESS REET ADDRESS 3.4 CITY-ST-ZIP Y-ST-ZIF Æ DELETE 4.1 TITLE Change Addition đΕ 4.2 NAME REET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Y-ST-ZIP 5.1 TITLE ĿΕ DELETE Change 5.2 NAME 5.3 STREET ADDRESS EET ADDRESS 5.4 CITY-ST-ZiP Y-ST-ZIP 6.1 TITLE Change Addition F \_\_ DELETE 6.2 NAME FET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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 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 chapted, or on anattachiment with an address.

**IGNATURE:**