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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

## Kathorine Harris

ANNUAL REPORT Secretary of State  1999 DIVISION OF CORPORATION				TIONS			
DOCUN 1. Corporation TSBR, IN		0031385					
10011, 11							( <b>6                                    </b>
Principal Place	e of Business	Mailing Address					(818) 8111 1881
0000 00011111201 1111111 011		8330 SOUTHWEST 176TH S MIAMI FL 33157					
					DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	SPACE	
					04/07/1997		_
	ace of Business	2a. Mailing Address	=		4. FEI Number		Applicable
21 Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.			65-0761250  5. Certificate of Status Desired	\$8.75 A	dditional
22		27		*		Fee Red	
City. & State	e <del>-</del> . , .	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 t Added to	
Zip	Country	Zip	Count	ry	8. This corporation owes the current year Int		Of his
24	9. Name and Address of Currer		30		Personal Property Tax.  10. Name and Address of New Registered		(XNo
	,		8	11 Name		,	
CORPORATION SERVICE COMPANY			8	Street Ac	ddress (P.O. Box Number is Not Acceptable)		- ,
1201 HAYS STREET TALLAHASSEE FL 32301-2525		8:		2			
TALL	_AHASSEE FL 32301-2525		[8	13			
TALL	AHASSEE FL 32301-2525	,				85 Zip C	ode
		,	8	4 City	FL	85 Zip C	
		2 and 607.1508, Florida Statute of Florida. Such change was au stions of Section 807.0505 Flori	8	4 City	proporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoint	.     '	
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CITY-ST-ZIP 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 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.

**SIGNATURE:** 

MEQUIRED SIGNING OFFICER OF DIRECTOR