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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999 DIVISION OF CORPORATIONS P97000032617 **DOCUMENT #** 

Apr 08, 1999 8:00 am Secretary of State

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] :			-					
· Principal Plac	ce of Business	Mailing Address			1			
70	34 N.W. 78)	ANE	7839	4 NW 78 ME				
			TAMA	- RAC FL	DO NOT WRITE IN TH	E CDACE		
TA	MARAC FL	· 3332/		33321	3. Date Incorporated, or Qualified	-		7
' '	•				04/10/1997			
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	T A	pplied For	1
21		26			65-0744410	- ⊢-	ot Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					Additional	1
22		27			5. Certificate of Status Desired	•	tequired	Ì
- City & Sta	te	City-&-State			6. Election Campaign-Financing	\$5.00	May Be:—	ļ.,
23		28			Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current year i	~,	_	ļ
24	25	29	30		Personal Property Tax.	<b>⊠</b> Yes	□No	]
	9. Name and Address of Current	Registered Agent		84 11	10. Name and Address of New Registere	d Agent		Ì
VEC	CHIO, JUSE PH )	A. VR,	37,57	81 Name				l
VECCHIO, JOSEPH A. JR. BARNETT BANK TOWER, PENTHOU SUITE 2929 E. COMMERCIAL BLVD.				82 Street Addre	ess (P.O. Box Number is Not Acceptable)			1
2929	) E. COMMERCA	AL BLVD.		83				
PT.	LAUDERDALE,	FL. 33308		84 City	F	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Stat	utes, the ab	pove-named corpo	pration submits this statement for the purpose	of changing its	s registered	1
	registered agent, or both, in the State c im familiar with, and accept the obligati				n's board of directors. I hereby accept the app	ointment as re	egistered	
SIGNATURE								
ļ	Signature, typed or printed name of registered agent			Agent signature required				} ;
12.	OFFICERS AND		13.	- 1	ADDITIONS/CHANGES TO OFFICERS A	<del></del>		1
TITLE	PD	☐ DELETE	1.1 TIT	i		☐ Change	☐ Addition	3
NAME	ORSOVER, SIM	JUG Y	1.2 NA)					1 2
STREET ADDRESS	7834 NW 78							] }
CITY-ST-ZIP	1 - A-1 A-1 F-1	7 70 E 3 232 I		REET ADDRESS				l c
/ TITLE	TAMANIC FC	33321	1.4 CIT	Y-ST-ZIP		Change	□ Addition	
TITLE	VPSD	3232/	1.4 CIT 2.1 TITI	Y-ST-ZIP		☐ Change	☐ Addition	100
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CI(1-31-ZIP	TAMANIC FL VPSD ORSOVEK, NOA. 7834 NW 78 TAMANAC FL		1.4 CIT 2.1 TITI 2.2 NAJ 2.3 STF 2.4 CIT	Y-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE			_	
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14. I hereby certify that the information supplied with this filling 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.

MULLSOLL STANLEY
NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR