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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

FILED May 17, 1999 8:00 am Secretary of State

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Principal Place o	of Business	Mailing Address	5						****
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3170	PEMBROKE A	20,2 3	31701	# MISIC	OFE	DO NOT WRIT	E IN THIS SP	ACE	
HAL	LANDALE, FL	33009	HALLANI	DOLE,	FZ	3. Date Incorporated or Qualifed			. }
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	·					4. FEI Number		Appli	ed For
2. Principal Plac	ce of Business	2a. Mailing Add	dress			65-0752422		Not A	pplicable .
21		26	# -1-					\$8.75 Ad	
Suite, Apt. #,	, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired	<u></u>	Fee Requ	ired
22		27				6. Election Campaign Financing	m	\$5.00 M	ay Be
City & State		City & Stat	е			Trust Fund Contribution		Added to	Fees
23	<u></u>	28]		Country		8. This corporation owes the curre	ent year Intan	gible	_
Zip	Country	Zip	30			Personal Property Tax.		XYes L]No
24	25}	[29]				10. Name and Address of New F	apistered A	gent	
	9. Name and Address of Current	Registered Agen		81	Name				
	EANE A					ess (P.O. Box Number is Not Accepta	ble)		
EMA	NOIL FAMEL			82	Street Addre	ess (P.O. Box Number is 1101 1100			
2120	PEMBROKE RO	AD.		B3					1
				- }				85 Zip Co	ode
HALL	ANDALE, FL 3	53039		84	City		FL	11	i
					named corn	oration submits this statement for the	purpose of c	hanging its r	egistered
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Fl	orida Statutes, I	the above	-named corp	on's board of directors. I hereby accer	ot the appoint	ment as reg	ISIBIEG
i office or re	intered agent of both in IDE State (ianne was aunii	arized by I	ne co.po.a) 5 DODIO			
onest las	m familiar with, and accept the obligat	tions of, Section 60	lange was admic 07.0505, Florida	orized by i Statutes.	ino corporant	oration submits this statement for the on's board of directors. I hereby acce			
agent, I ar	m familiar with, and accept the obligat	tions of, Section 60)7.0505, Florida	Statutes.		d when renoviation)	DATÉ		
agent, I ar	m familiar with, and accept the obligat	tions of, Section 60)7.0505, Florida	gistored Agent		d when renoviation)	DATÉ		RS IN 12
agent, I ar	m familiar with, and accept the obligat	tions of, Section 60 at and little If applicable ID DIRECTORS	(NOTE: Rec	gistered Agent			DATÉ		
signature	Signature, typed or printed name of registered agen OFFICERS AN	tions of, Section 60 nt and little if applicable ID DIRECTORS)7.0505, Florida	13.		d when renoviation)	DATÉ	DIRECTOR	RS IN 12
signature	Signature, typed or printed name of registered agen OFFICERS AN	tions of, Section 60 nt and little if applicable ID DIRECTORS	(NOTE: Rec	13. 1.1 TITLE 1.2 NAME	signature require	d when renoviation)	DATÉ	DIRECTOR	RS IN 12
signature	Signature, typed or profiled name of registered agent of the profiled name	tions of, Section 60 at and title if applicable ID DIRECTORS	7.0505, Florida (NOTE: Rec	13. 1.1 THILE 1.2 NAME 1.3 STREET	signature require	d when renoviation)	DATÉ	DIRECTOR	RS IN 12
signature	Signature, typed or profiled name of registered agent of the profiled name	tions of, Section 60 at and title if applicable ID DIRECTORS	7.0505, Florida (NOTE: Rec	13. 1.1 THLE 1.2 NAME 1.3 STREET 1.4 CHY-5	signature require	d when renoviation)	DATÉ	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN	tions of, Section 60 at and title if applicable ID DIRECTORS	7.0505, Florida (NOTE: Rec	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-51 2.1 TITLE	signature require	d when renoviation)	DATÉ	DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NUME STREET ADDRESS CITY-ST-ZEP	Signature, typed or profiled name of registered agent of the profiled name	tions of, Section 60 at and title if applicable ID DIRECTORS	7.0505, Florida (NOTE: Rec	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-5: 2.1 TITLE 2.2 NAME	apparatuse require	d when renoviation)	DATÉ	DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent of the obligation of the obliga	tions of, Section 60 at and title if applicable ID DIRECTORS	7.0505, Florida (NOTE: Rec	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-5: 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS	d when renoviation)	DATÉ	DIRECTOR Change	RS IN 12 Addition Addition
SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent of the obligation of the obliga	nt and little if applicable ID DIRECTORS Code 3 3-09	(NOTE: Rec	13. 1.1 TITLE 12 NAME 13 STREET 14 CITY 5: 2.1 TITLE 22 NAME 23 STREET 2.4 CITY 5: 2.4 CITY 5:	ADDRESS	d when renoviation)	DATÉ	DIRECTOR Change	RS IN 12
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent of the obligation of the obliga	nt and little if applicable ID DIRECTORS Code 3 3-09	7.0505, Florida (NOTE: Rec	13. 1.1 TITLE 12 NAME 13 STREET 1.4 CHY-5: 2.1 TITLE 2.2 NAME 2.2 NAME 2.3 STREET 2.4 CHY-5: 3.1 TITLE	ADDRESS	d when renoviation)	DATÉ	D DIRECTOR Change	RS IN 12 Addition Addition
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thereby certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes, I tunner carry 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 eath; 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: