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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000038745

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90073 042 ***150.00

	Of Business		, INC.			-				
Principal Place of Business 612 N ORANGE AVE STE C-6 JUPITER FL 33458 Mailing Address 612 N ORANGE AVE STE C JUPITER FL 33458				C-6			DO NOT WRITE II	N THIS SPACE		
							3. Date Incorporated or Qualifed	<u> </u>		
							04/28/1997		}	
0.00	an of Business	22	. Mailing Address				4. FEI Number		Applied For	
- -1 '	ace of Business	├ ──	26				59-3441755		Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desired	,	\$8.75 Additional Fee Required	
22		2/1	City & State				6. Election Campaign Financing	\$5.0	0 May Be	
City & State	3	28	Oily a blats				Trust Fund Contribution		d to Fees	
Zip	Zip Country				Country		This corporation owes the current y Personal Property Tax.	year Intangible Yes	□No	
24	9. Name and Address of Curre		stered Agent	100			10. Name and Address of New Regi	stered Agent		
	5. Maille and Address of Con-	cht togic		1	81	Name				
	ER, JOHN W N ORANGE AVE STE C-6				82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
	TER FL 33458			ļ.	83			,		
					84	City		85 Zi	p Code	
								FL °	ité mintered	
office or re agent. I ar	egistered agent, or both, in the Sta m familiar with, and accept the obli	ite of Flori igations of	ida. Such change was f, Section 607.0505, F	authorized Iorida Statul	by th	he corporation	poration submits this statement for the pur on's board of directors. I hereby accept the	e appointment as	registered	
agent. I ar	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS.	igations of	f, Section 607.0505, F if applicable. (NO ECTORS	Iorida Statul	tes.	•		DATE ERS AND DIREC	TORS IN 12	
agent. I ar	Signature, typed or printed name of registered a OFFICERS	igations of	f, Section 607.0505, F	TE: Registered A 13.	tes. Agents	•	ad when reinstating)	DATE	TORS IN 12	
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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 of 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 an attachment with an address, with all other like empowered.

SIGNATURE:

OFFINE MILLER Z/Z/99 STOORDIRECTOR Date

D2E034 /11/0