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

PROFIT CORPORATION ANNUAL REPORT

1999 CUMENT #



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

P97000040449

anya M. Sanchez, P.A.

pal Place of Business

Mailing Address

WEYBRIDGE CIRCLE AL PALM BEACH FL 33411 112A WEYBRIDGE CIRCLE ROYAL PALM BEACH FL 33411

FILED Sep 15, 1999 8:00 am Secretary of State

09-15-1999 90004 025 ***550.00

015120 - 90004 - 75 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified Applied For Not:Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees Yes No Zip Code Change ___ Addition Change Addition ___ Addition ___ Change

05/02/1997 incipal Place of Business 65-0754162 26 Suite, Apt. #, etc. 5. Certificate of Status Desired ty & State City & State 6. Election Campaign Financing Trust Fund Contribution 28 Country 8. This corporation owes the current year Intangible Personal Property. 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HEA WEYBRIDGE CIRCLE 146 Parkwood De Street Address (P.O. Box Number is Not Acceptable) **ROYAL PALM BEACH FL 33411** 83 84 City Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 1.1 TITLE DELETE 146 Parkwood D SANCHEZ, TANYA M 1.2 NAME 112A-WEYBRIDGE CIRCLE 1.3 STREET ADDRESS ADDRESS **ROYAL PALM BEACH FL 33411** 1.4 CITY-ST-ZIP 2.1 TITLE DELETE 2.2 NAME 2.3 STREET ADDRESS ADDRESS 2.4 CITY-ST-ZIP -ZIP 3.1 TITLE __ DELETE 3.3 STREET ADDRESS ADDRESS 3.4 CITY-ST-ZIP -ZIP DELETE 4.1 TITLE ___ Change ____ Addition 4.2 NAME 4.3 STREET ADDRESS ADDRESS ZIP 4.4 CITY-ST-ZIP 5.1 TITLE Change DELETE 5.2 NAME 5.3 STREET ADDRESS ADDRESS 5.4 CITY-ST-ZIP ZIP Change Addition DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS ADDRESS 6.4 CITY-ST-ZIP -ZIP

nereby 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 dicated 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 notificer or director of tipe corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears Block 12 or Block 13 inchanged, or on an attachment with an address

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