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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000041523

1. Corporation Name

LARGAY HOLDING CORP.

Principal Place of Business			Mailing Address					( <b>*#8</b> ( <b>#\$8</b> ( )( <b>8</b> ( <b>4</b> )))		11) <b>00</b> 81( <b>03</b> 1() (		I <b>O</b> 11 <b>000</b>	JI.
9401 NW 106TH ST			9401 NW 106TH ST										
STE 101			STE 101										
MEDLEY FL 33178			MEDLEY FL 33178					DO NOT WRITE IN THIS SPACE					
US		US					3	. Date Incorporated 05/09/1997	or Qualifed				
2. Principal Pl	lace of Business	2a.	Mailing Address				. 4	, FEI Number		•		Applied For	
21			26					65-0759080				Not Applicat	le
Suite, Apt. #, etc.			Suite, Apt. #, etc.					O-45-46 C4-4-4	Danisad		\$8.75	Additional	
22		27	27				5	Certifcate of Status	Desired _	ш	Fee f	Required	
City & State			City & State			6	Election Campaign	Financing		\$5.0	<b>0</b> May Be	Ì	
23		28	28				Trust Fund Contrib	ution		Adde	to Fees_		
Zip	Country		Zip	Cou	untry		8	. This corporation or	ves the curr	ent year in		_	
24	25	29		30			l_	Personal Property			Yes	No	
	9. Name and Address of Cu	urrent Regis	tered Agent		<del>↓</del>		10	Name and Addres	s of New F	Registered	Agent		
DADI	NETT DODINGON ID DA		•		81	Name							
	NETT ROBINSON, JR., P.A.				82	Street Ad	ddress (	P.O. Box Number is	Not Accepta	able)	_		
	GLADES ROAD				83			· 					
SUITE 319 ATRIUM													
BUC	A RATON FL 33431				84	City		<del></del>	<del></del>		85 Zi	Code	
					1	-				FL	<u> </u>		
office of t	to the provisions of Sections 607 registered agent, or both, in the Sim familiar with, and accept the o	State of Florid	ia. Such change was a	utnonzed	d by t	the corpora	ation's b	ooard of directors. I h	ereby acce	pt the appo	intment as	registered	1
_	·	•											
SIGNATURE	Signature, typed or printed name of registers					t signature requ	uired when			DATE			
_	Signature, typed or printed name of registers		if applicable. (NOTE	: Registered	d Agent		uired when	n reinstating) ADDITIONS/CHANG	SES TO OF				
SIGNATURE	Signature, typed or printed name of registers OFFICER	ed agent and title i	if applicable. (NOTE	: Registered 13.	d Agent		uired when		GES TO OF		ND DIRECT		
SIGNATURE	Signature, typed or printed name of registers OFFICER P LARGAY, CHARLES E	ed agent and title i	if applicable. (NOTE	13. 1.1 TF	d Agent TILE	t signature requ	puired when		GES TO OF				
SIGNATURE  12.  IIILE	Signature, typed or printed name of registers OFFICER P LARGAY, CHARLES E 9401 NW 106TH ST STE	ed agent and title i	if applicable. (NOTE	13. 1.1 TF	d Agent TILE		uired when		ES TO OF				
SIGNATURE  12.  TILE  NAME	Signature, typed or printed name of registers OFFICER P LARGAY, CHARLES E 9401 NW 106TH ST STE MEDLEY FL 33178	ed agent and title i	if applicable. (NOTE ECTORS	13. 1.1 TF 1.2 N/ 1.3 ST 1.4 CI	d Agent ITLE IAME TREET	t signature requ	uired when		GES TO OF		Chang	a ∏ Addi	tion
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registers OFFICER P LARGAY, CHARLES E 9401 NW 106TH ST STE MEDLEY FL 33178 ST	ed agent and title i	if applicable. (NOTE	13. 1.1 TF 1.2 N/ 1.3 ST	d Agent ITLE IAME TREET	t signature requ	uired when		GES TO OF			a ∏ Addi	tion
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registers OFFICER P LARGAY, CHARLES E 9401 NW 106TH ST STE MEDLEY FL 33178 ST LARGAY, CHARLES E JR	ed agent and title i IS AND DIRE	if applicable. (NOTE ECTORS	13. 1.1 TF 1.2 N/ 1.3 ST 1.4 CI	ITLE STREET STY-ST	t signature requ	juired when		GES TO OF		Chang	a ∏ Addi	tion
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE	P LARGAY, CHARLES E 9401 NW 106TH ST STE MEDLEY FL 33178 ST LARGAY, CHARLES E JR 9401 NW 106TH ST STE MEDLEY FL 33178 AS KNOWLES, JANET 9401 NW 106TH ST STE 1 MEDLEY FL 33178	ed agent and title i IS AND DIRE	if applicable. (NOTE ECTORS  DELETE  DELETE	13. 1.1 TI 12 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 CI 3.1 TI 3.2 N/ 3.3 SI 3.4 CC 4.1 TI 4.2 N/ 4.3 SI	TILE  IAME  VIREET  VITLE  VAME  VAM	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS	suired when		GES TO OF		Chang	e Addi	tion
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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 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:

4/9/99

305-885-2458

Daytime Phone #