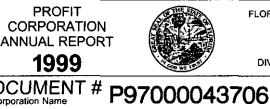
OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. OUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

. Services, corp.

NATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Sep 13, 1999 8:00 am Secretary of State

09-13-1999 90004 049 ***550.00

(305)

6202888

8-31-99





pal Plac	e of Business	Mailing Address			
NW 67 AVE 186		18630 NW 67TH AVE			
		MIAMI LAKE FL 33015		DO NOT WRITE IN THIS SPACE	
				3. Date incorporated or Qualified	E IN THIS SPACE
		_	_	. 05/16/1997	
incipal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
		26		65-0753525	Not Applicab
ite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
		27		5. Certificate of Status Desired	Fee Required
y & Stat	te .	City & State		6. Election Campaign Financing	\$5.00 May Be
		28		Trust Fund Contribution	Added to Fees
)	Country	Zip	Country	8. This corporation owes the current	· — —
	25	29	[30]	Intangible Personal Property.	Yes No
	9. Name and Address of Current	t Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
LOPE	Z, JUDY P		U Italia		
	0 NW 67TH AVE		82 Street Add	dress (P.O. Box Number is Not Acceptab	le)
MIAM	II LAKE FL 33015		83		
			84 City		FL 85 Zip Code
gent. I a	am familiar with, and accept the obliga	mons or, section 607.0505,	Tionaa Otatotos.		
office or agent. I a	Signature, typed or printed name of registered agent	t and title if applicable	(NOTE: Registered Agent signature re		DATE DIPERTORS (ALAC
igent. I a	Signature, typed or printed name of registered agent OFFICERS AND	t and title if applicable D DIRECTORS	(NOTE: Registered Agent signature re-	quired when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
igent. I a	Signature, typed or printed name of registered agent OFFICERS AND	t and title if applicable	(NOTE: Registered Agent signature red 13. 1.1 TITLE		
ATURE	Signature, typed or printed name of registered agent OFFICERS AND PTD LOPEZ, JUDY P	t and title if applicable D DIRECTORS	(NOTE: Registered Agent signature red 13. 1.1 TITLE 1.2 NAME		CERS AND DIRECTORS IN 12
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