## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

SUITE 300

2701 LEJEUNE ROAD

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 26, 1999 8:00am

**Secretary of State** 

01-26-1999 90008 022 \*\*\*150.00

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000044032

1. Corporation Name

Principal Place of Business

2701 LEJEUNE ROAD

SUITE 300

STREET ADDRESS

**SIGNATURE** 

GARY ALEXANDER & COMPANY, CPA'S, PA

CORAL GABLES FL 33134		CORAL GABLES FL 33134		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 05/19/1997			]
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	<del></del>	Applied For	┨.
	in the second				65-0778661	<del>   </del>	Not Applicable	13
21 . 26				050778001	¢0.7		1 5	
Suite, Apt. #, etc.					5. Certifcate of Status Desired		5 Additional Required	
22 27							<del></del>	-
City & State City & State				6. Election Campaign Financing		<b>00</b> May Be		
23 28					Trust Fund Contribution	Add	led to Fees	1
Zip Country Zip		Country		8. This corporation owes the current	year Intangible			
24 25 29 3			30		Personal Property Tax.	☐ Yes	ŪNo	
	9. Name and Address of Current F	Registered Agent	7		10. Name and Address of New Reg	istered Agent	*****	1
	<b>经工作人工</b>		1	Name			•	
ALE	YANDED CARY D		_			<del> </del>		-
GAP2701 LEJEUNE ROAD COMPANY CENTS. CENTS				82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 300				33	<ul> <li>おおからは、20mmで、食べたいではあたり、なずれたなないの。</li> <li>までお売りよりです。 ごごご からを置い まではる 答案を答案</li> </ul>	<u> इ.स.च्या १००० वर्षात्रः</u> इ.स.च्या दश्या देखे १४,५५	YOUR CONTROL OF THE	1
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						FL	·	
11. Pursuant	to the provisions of Sections 607.0502 a	and 607.1508, Florida Statute	es, the abo	ove-named con	poration submits this statement for the pu	rpose of changin	g its registered	]
office or r	egistered agent, or both, in the State of	Florida, Such change was at	uthorized l	by the corporati	ion's board of directors. I hereby accept t	ne appointment a	is registered	
somagenum a	in laminar with, and accept the obligation	115 01, 00011011 1001.0000, 11 101	iqa Olalai	<b></b>				
SIGNATURE	Signature, typed or printed name of registered agent as	od title if applicable (NOTE:	Registered A	gent signature requir	ed when reinstating)	DATE	<del></del>	ے ا
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		CTORS IN 12	1 8
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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 suppliemental 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 an an attachment with an address, with all other like empowered.