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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

i. Corporation	MENT # P97000 O NORTH CAROLINA, INC.	044171					
Principal Place	of Business	Mailing Address			- I IMMFINAT: 1918 ENGIN GRAFF RATIO MATIN ORDIN #4111 A		
6600 PARK OF COMMERCE BLVD. BOCA RATON FL 33487		6600 PARK OF COMMERCE BLVD. BOCA RATON FL 33487			DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualified 05/15/1997		
2 Principal Pl	ace of Business	2a, Mailing Address			4. FEI Number	App	lied For
21		26			65-0762690	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 -A	· I
22		27			5. Definicate of October Bosines	Fee Rec	
City & State	•	City & State			6. Election Campaign Financing	\$5.00 N	
23		28	0		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Int	angible □Yes I	□No
24	9. Name and Address of Current	Pagistered Agent)		Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Content	Registered Agent	81 Na	ame	10.		
DI LASCIO, RUDOLPH M JR					(D.O. Co. Number in Mot Approximate)		
5798 JOHNSON ST			82 St	reet Addre	ess (P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33021			83				
				· · · · · · · · · · · · · · · · · · ·	4.47	85 Zip C	nde
				ty	FL	. 1	
office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State on magnification familiar with, and accept the obligation	of Florida. Such change was autt	orized by the	med corpo corporatio	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint appoint the appoint accept the a	changing its r ntment as reg	egistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	egistered Agent sign	ature required			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	DP	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	LIOCIT, TIOTITUD		1.2 NAME				
STREET ADDRESS	COOL LATE OF COMMENCE SELECT		1.3 STREET ADD	RESS			
CITY-ST-ZIP			1.4 CITY-ST-ZIP			Change	Addition
TITLE			2.1 TITLE 2.2 NAME			□ cusude	
NAME	, Elatorn, Nick					,	
STREET ADDRESS	3000 174 at 01 00 miletion 3213.			RESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP 3.1 TITLE	<u>'</u>		Change	Addition
TITLE			3.2 NAME				_
NAME STREET ADDRESS	ALCO DE DE COMMISSOS DE	Vn	3.3 STREET ADD	RESS			
CITY-ST-ZIP				- 1			
TITLE	BOCK TRIONTE GOTO	☐ DELETE	3.4. CITY-ST-ZIF 4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADD	RESS			,
CITY-\$T-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME			-	
STREET ADDRESS			5.3 STREET ADD	- 1			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			(T) (%	- Addition
TITLE		☐ DELETE	6.1 TITLE	- 1	•	Change	☐ Addition .

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.

6.2 NAME

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP