PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # P97000	049555				
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Principal Place	of Business	Mailing Address		((PatiEB) tia min isset of un gamp 42() a	#115 Prois 18701 21161	Affit tin issu
439 NE 7TH AV	E	439 NE 7TH AVENUE		ì		
SUITE C SUITE C				DO NOT WRITE IN T	HIS SPACE	
FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301 US US				3. Date Incorporated or Qualifed		
				06/05/1997		
2, Principal Pl	ace of Business	2a, Mailing Address		4. FEI Number		plied For
21		26		65-0762111		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22		City & State		6. Election Campaign Financing	\$5.00	
City & State	•	28		Trust Fund Contribution	Added t	
Zip	Country	Zip	Country	8. This corporation owes the current year		
24	25	29	30	Personal Property Tax.		□No
	9. Name and Address of Current	t Registered Agent	- 4	10. Name and Address of New Registe	red Agent	
			OBRIGICA AND ANGRO	P.17		
1201 HAYS STREET			82 Street Arks	rese (9 O. Box Number is Not Acceptable)	- UNX	5
TALLAHASSEE FL 32301-2525			B3			
			133 <i>3</i>	N. New RIVER DRIN	E COST	
į.	,		84 City	thousand 1	FL 85 Zip (93a
11. Pursuant	to the provisions of Sections 607.0502	2 and 607:1508, Florida Statute	s, the above-named corp	poration submits this statement for the purposion's board of directors. I hereby accept the agents to be accept the agent to be accepted t	e of changing its	registered
office or n	egistered agent, or both, in the State of	of fords. Such change was au	inorized by the corporati	ION & DOSIG OF CITECTORS. I HEREDY MCCEPI THE AL	יסו בם ווקווויוויטעע	alere on
1 adent.ia:	m familiar with, and accept the Depositi	ions,ef, Section 507.0505, Flor	da Statutes.	/ .	20 00	}
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SIGNATURE	Signature, typed or printed name of registaged legistric	t and title if applicable. (NOTE: D DIRECTORS			50 7	
SIGNATURE 12.	Signature, typed or printed name of registrogatings of Princers ANI	t and site if applicable. (NOTE:	Registered Agent signature require	red when reinstanting) DATI	S AND DIRECTO	
SIGNATURE 12. IIILE NAME	Signature, typed or prived name of registrate dispersion of FICERS AND D HAIG, ALAN	it and title it applicable. (NOTE: D DIRECTORS DELETE	Registered Agent signature requin	red when reinstanting) DATI	S AND DIRECTO	
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SIGNATURE: _

I hereby certify that the information supplied with indicated on this annual report or suppliemental sufficer or director of the corporation or the secent Block 12 or Block 13 if changed, or open attackness.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information furste and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in all after like empowered.

FILED
May 17, 1999 8:00 am
Secretary of State
05-17-1999 90024 031 ***150.00