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## -- 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

1. Corporation AMEBA,		JUS 1U2S							
Principal Place	of Business	Mailing Address					[  00  00   10  311   00   00  + 50    06  +	101 01101 11011 00110	IIBAR AIN FAM
21 SE 10TH STREET  DEERFIELD BEACH FL 33441  US  US  21 SE 10TH STREET  DEERFIELD BEACH FL 33441  US							DO NOT WRITE IN TH	IIS SPACE	
05						3.	. Date Incorporated or Qualifed		
							06/09/1997		1
2 Principal P	Principal Place of Business 2a. Mailing Address					4.	. FEI Number	Ap	plied For
21	26					}	65-0760649	No	t Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75 A	dditional
2							Certifcate of Status Desired	Fee Re	quired
City & State City & State							. Election Campaign Financing	\$5.00	May Be
23							Trust Fund Contribution	Added to	o Fees
Zip	Country Zip Cou			ntry		8	<ul> <li>This corporation owes the current year Personal Property Tax.</li> </ul>		D2No
	9. Name and Address of Curre					10	, Name and Address of New Register	d Agent	_
				81	Name				
BANTON, MICHAEL					Street Add	dress (i	P.O. Box Number is Not Acceptable)		
21 SE 10TH STREET					_				
DEERFIELD BEACH FL 33441				83					
				84	City			. 85 Zip C	ode :
					1			L	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida, Such change wa	as authorized	יאלו ו	the corpora	rporatio tion's b	on submits this statement for the purpose locard of directors. I hereby accept the app	of changing its pointment as rec	registered gistered
SIGNATURE	, ,								}
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (f	NOTE: Registered	Agen	nt signature requi	red when			
12.		ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TMLE	• — — — — — — — — — — — — — — — — — — —			1.1 TITLE				☐ Change	
NAME				1.2 NAME					
STREET ADDRESS	250, 27 02 10111 0111221			1 3 STREET ADDRESS					
CITY-ST-ZIP				1.4 C/TY-ST-ZIP				☐ Change	Addition
TITLE				2.1 TITLE				☐ Change	
NAME				2.2 NAME					
STREET ADDRESS	REET ADDRESS 2.3			2.3 STREET ADDRESS					
CITY-ST-ZIP				2.4 CITY-ST-ZIP				Change	☐ Addition
TITLE				3.1 TITLE				Change	
NAME			1	3.2 NAME					ļ
STREET ADDRESS			3.3 \$1	REET	TADDRESS				
CITY-ST-ZIP			3.4. C		ST-ZIP			☐ Change	Addition
TITLE				4.1 TITLE 4.2 NAME					
NAME									
STREET ADDRESS					TADDRESS				
CITY-ST-ZIP		☐ DELETE	4 4 CI 5.1 TI		1-219			☐ Change	Addition
TITLE		_ DELETE	5.1 N					_ 5	
NAME			1		TADDRESS				İ
STREET ADDRESS			5.4 CI						
CITY-ST-ZIP TITLE							<del></del>	☐ Change	☐ Addition
NAME		Jac. 1	6.2 N					<u> </u>	_
CTDEET ADDRESS			6.3 81	TREET	TADDRESS				

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 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 attemment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

