Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable

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

DOCUMENT # P97000056332

Country

9. Name and Address of Current Registered Agent

25

1. Corporation Name

Suite, Apt. #, etc.

City & State

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BRADLEY AND BRADLEY AND ASSOCIATES, INC.

Mailing Address	
2331 SW 80 TER MIRAMAR FL 33025	

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Suite, Apt. #, etc.

City & State

Zip

May 08, 1999 8:00 am Secretary of State

05-08-1999 90031 035 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

06/26/1997 4. FEI Number

65-0762537

BRAI	OLEY, BRUCE H				
2331 SW 80 TER		82	82 Street Address (P.O. Box Number is Not Acceptable)		
MIRAMAR FL 33025					
		03			
		84	City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named comporation submits this statement for the purpose of changing its registere					
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	olg. n.t. of 1,750 of 5,1110 of 1,0110 of 1,01	3.	i oigi ato	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		TITLE		☐ Change ☐ Addition	
NAME		1.2 NAME			
STREET ADDRESS	TOOL OW OR TED	1.3 STREET		ss	
CITY-ST-ZIP	MIDAMAD EL SOCO	1.4 CITY-S			
TITLE		TITLE		☐ Change ☐ Addition	
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET		22	
CITY-ST-ZIP	AUDANA D. E. ARROS	2.4 CITY-5			
TITLE		TITLE		☐ Change ☐ Addition	
NAME		NAME			
STREET ADDRESS		STREE	ADDRES	ss	
CITY-ST-ZIP		. CITY-S			
TITLE	DELETE 4:	4.1 TITLE		Change Addition	
NAME	4.	2 NAME			
STREET ADDRESS	43	STREE	ADDRES	ss	
CITY-ST-ZIP	4.4	CITY-S	T- ZIP		
TITLE	DELETE 5	51 TITLE		☐ Change ☐ Addition	
NAME	5.:	5.2 NAME			
STREET ADDRESS	53	STREE	ADDRES	ss	
CITY-ST-ZIP	5.	5.4 CITY-ST-			
TITLE	DELETE 6:	6.1 TITLE		☐ Change ☐ Addition	
NAME	63	NAME			
STREET ADDRESS	6.3	STREE	ADDRES	ss	
CITY-ST-ZIP	•	CITY-S			
14. I hereby o	ertify that the information supplied with this filing does not qualify for the e	xempt	on stat	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information	

Country

30

powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the receiver Block 12 or Block 13 if changed, or on an attachment

SIGNATURE: