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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000056746

JULY PROJECT II CORP.

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Principal Place		Mailing Address			
7695 SW 104 S 210	TREET	7695 SW 104 STREET 210			
MIAMI FL 33156		MIAMI FL 33156		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				06/27/1997	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	·	26		APPLIED FOR	Not Applicable
Suite, Apt i	#, etc	Suite, Apt #, etc		5. Certificate of Status Desired []	\$8.75 Additional
22	<u></u>	27	-		Fee Required
City & State	;	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z ip	Country	7(p	Country	8. This corporation owes the current year	
24	[25]	*	10	Personal Property Tax	[] Yes [] No
<u> </u>	9. Name and Address of Curre		: <u></u>	10. Name and Address of New Registere	
	1441 2010 0		B1 Name		
210				Iress (P.O. Box Number is Not Acceptable)	
	AI FL 33156		83		
MIN	M FE 33130		84 City	· <u></u>	85 Zip Code
				F. F.	L
office or re	egistered agent, or both, in the State	of Florida Such change was aut	horized by the corpora	orporation submits this statement for the purpose ation's board of directors. Thereby accept the app	of changing its registered pointment as registered
agent. Lar	n familiar with, and accept the obliga	ations of, Section 607.0505. Florid	da Statutes		
SIGNATURE	Signature, typed or printed name of registered agr	ANOTE E	togistered Agent Signature resp	and when ear status at LIATE	
12.		ND DIRECTORS	I 13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PSD	[] Detele	11 TIME		[Change [Addition
NAME	LITTMAN, ERIC P		1.2 NAME		
STREET ADDRESS	7695 SW 104 STREET		13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		14 CITY-ST-ZIP		
TITLE		DELETE	2.1 TIFLE		[] Change
NAME			22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		f i certai	2 4 CITY+ST-ZIP	20000281 -03/23/99-	59026
TITLE		[] DELETE	3.1 TiffEF	-03/23/99-	-010833a-006, octob
NAME			3.7 NAME	***1500.0	0 ****150.00
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		LI DELETE	34 CITY-\$1-ZIF		[] Change [] Addition
NAME		2,0000	4 2 NAME		t d
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City-S*-2i6		
TITLE		[] DELETE	51 THE		[] Change [] Addition
NAME			5.2 NAME		
STREET ADDRESS			53 STREET ADORESS		
CITY-ST-ZIP			5.4 CHY-S1 ZIF		
TITLE		[] DELETE	61 Ti) LE	•	[Change
NAME			6.2 NAMS		7 \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
ETDEET ADDRESS			63 STREET ADORESS		2 V

14. Thereby certify that the information supplied with this filting 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 of the receiver or trustle empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapter 60 an attackment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

ERICP. LITTMAN