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 # P97000056755

1. Corporation Name

JULY PROJECT IV CORP.

Principal Place of Business Mailing Address						
7695 SW 104 STREET. SUITE 210 7695 SW 104 STREET. SUITE			TE 210			
MIAMI FL 33156		MIAMI FL 33156		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	
					06/27/1997	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21	26			APPLIED FOR	Not Applicable	
Suite, Apt.	#, etc.	· · · · · ·	Suite, Apt. #, etc.		5. Certificate of Status Desired []	\$8.75 Additionat
22 27					6. Election Campaign Financing	\$5.00 May Be
23	28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	y	8. This corporation owes the current year I	ntangible
24	25	29	30		Personal Property Tax	[]Yes []No
	9. Name and Address of Current F	Registered Agent			10. Name and Address of New Registere	d Agent
LITTMAN, ERIC P			81	Nanie		
	SW 104 STREET, SUITE 210		82	Street Add	fress (P.O. Box Number is Not Acceptable)	
	WI FL 33156		83			
			84	City	F	L 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the abov	it re named corp	poration submits this statement for the purpose	of changing its registered
office or re agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida: Such change was all ins of, Section 607.0505, Flor	uthorized by rida Statute	rthe corporati s	ion's board of directors. I hereby accept the app	dintinent as registered
SIGNATURE						
	Signature, typed or printed name of registered agent a OFFICE RS AND		Registered Age	alsgodan regard	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
12.	PSO OFFICERS AND	[] DELETE	1 1 TITLE		ADDITIONS OF A STATE O	[]Change []Addition
NAME	LITTMAN, ERIC P	12 N				
STREET ADDRESS	7695 SW 104 STREET, SUITE 21	10	13 STREE	LADORESS		
CITY-ST-ZIP	MIAMI FL 33156		14 C/1Y-1	ST-ZIP		
TITLE		() DELETE	21 TIT∟E			[] Change [] Addition
NAME			2.2 NAME			
STREET ADDRESS				TADORESS		
CITY-ST-ZIP		[] DELETE	2 4 City-	\$1-76"		
NAME		CH DECKE	3.2 NAME		90000281	58335-7 0000 000
STREET ADDRESS				T ADDRESS	+**1500.00	-01083006 0 ****150.00
CITY-ST-ZIP			34 CITY-	ST-761		
TITLE	<u>, , , , , , , , , , , , , , , , , , , </u>	[DELETE	4 1 TITLE			[Change [Addition
NAME			4.2 NAME			
STREET ADDRESS				ELADORESS		
CITY-ST-ZIP	<u> </u>	[DELETE	44 CITY-1	ST-ZIF	$(A_{ij},A_{ij}$	[] Change [] Add tion
TITLE		[DELETE	51 MAME			Firm a Firm and
NAME STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			5.4 O/TY-	\$1-ZiP		0.0
TITLE		[DELETE	61 TITLE	†		[] Change (dg th)
NAME			6.2 NAME			1 100 P
STREET ADDRESS			63 STREE	LADDRESS		'ા

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 of 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sparg

FILED

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Secal Mario: STATE BITTHY SEE, FLORIDA

305-663-9333