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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700060032

# Feb 20, 1999 8:00 am Secretary of State

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Principal Place	of Business	Mailing Address				1 (44)	192) 112 (4111 1481) 8			44111 64	
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						07/10/1	•	illica			
2 Principal Pl	ace of Business	2a. Mailing Address		-		4FEI Numb					Applied For
21	ace of Business	26				59-345				-	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.								\$8.75	Additional
22		27				5. Certificate	of Status Desir	ed 🗌		Fee	Required
City & State	e	City & State				6. Election C	Campaign Finan	cing		\$5.0	0 May Be
23		28				Trust Fun	d Contribution			Adde	d to Fees
Zip	Country	Zip	Count	try		8. This corpo	oration owes the	current ye			_
24	25	29	30				Property Tax.			Yes	□No
	9. Name and Address of Current	Registered Agent	<del></del>	24 1		10. Name an	d Address of N	lew Regist	ered Ag	ent	
ANAC	RILAWYER CHARTERED		۱	81 N	lame						
	ALMERIA AVENUE		8	<b>82</b> S	Street Addre	ess (P.O. Box N	umber is Not Ad	ceptable)			
	AL GABLES FL 33134		ļ.,	-							
CON	AL CADELO I E 30104		ľ	83							
			8	84 C	City				FL	85 Zi	p Code
	to the provisions of Sections 607.0502	1 007 4500 Flid- Bi-ti-				rotice cubmits t	his statement fo	er the nume		nging	ite registered
office or re	egistered agent or both in the State o	i Florida. Such change was a	authorized t	bv the	corporation	n's board of dire	ctors. I hereby	accept the	appointm	ent as	registered
agent. I ai	m familiar with, and accept the obligation	ons of, Section 607.0505, Flo	orida Statut	tes.							
SIGNATURE	Charles and a selected name of registered count	and title if applicable (NOTE	- Pagistared A	oent ein	nosture required	when reinstating)		D#	TE.		
	Signature, typed or printed name of registered agent OFFICERS AND		E: Registered A	gent sig	gnature required	when reinstating)	S/CHANGES T	O OFFICE		DIREC	TORS IN 12
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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 chapted, or on an attachment with an address, with all other like empowered.

.Chapman

**SIGNATURE**