## 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 # P9700063223

1. Corporation Name

ACTION LABOR OF THE CARIBBEAN, INC.

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90061 021 \*\*\*158.75

	ENDON OF THE OTHERDE								
Principal Plac	ce of Business	Mailing Address							
330 CLEMATIS ST. STE. 215 WEST PALM BEACH FL 33401 330 CLEMATIS ST. STE. 215 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401									
WEST FALM BEACH PE 33401						DO NOT WRITE	IN THIS S	SPACE	
						3. Date Incorporated or Qualifed 07/22/1997			
2 Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Α¢	plied For
21		26			65-0769947		No	t Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional	
22		27			5. Certificate of Status Desired	<del>-</del>	Fee Re	quired	
City & Star	te	City & State				6. Election Campaign Financing		\$5.00	,
23		28				Trust Fund Contribution		Added	o Fees
Zip	Country	Zip Country				8. This corporation owes the current year Intangible			
24	25	29	30	,		Personal Property Tax.		∐ Yes	□No
	9. Name and Address of Curre	r t Registered Agent		81	<u> </u>	10. Name and Address of New Reg	istered A	gent	
L LOC	OVER, KAREN			61	Name				
	CLEMATIS ST. STE. 215			82	Street Add	ress (P.O. Bcx Number is Not Acceptable	:)		
	ST PALM BEACH FL 33401			00				<del></del>	.——
W/ES	ST FALIN BEACH FL 33401			83					
				84	City		F'L	85 Zip (	Code
<u></u>		0.2 and CO7 4508 Florida Stot	itoo tho o	hous	named core	poration submits this statement for the pu		hanging its	registered
office or i	registered agent, or both, in the State	e of Florida. Such change was	authorized	d by i	the corporati	on's board of directors. I hereby accept the	ne appoint	ment as re	gistered
agent la	am familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Stat	utes.					
SIGNATURE		70	E Basistass	4 4 9 9 9	t nionatura ray usa	ed when reinstating	DATE		
	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	- Agen	t signature recuire	ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12
12.	D	DELETE	1.1 TI	πιε	T	<u> </u>		☐ Change	Addition
NAME	HOOVER, KAREN		1.2 N		-				ļ
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14. Liverety certify that the information supplied wit this filling 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 changer, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNAT TRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99 561-659.5901 Date Date Date Phone # CR2E034 (11/9