Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90021 044 ***150.00

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 # P9700063370

1. Corporation Name

Principal Place of Business Mailing Address 10149 7000 TERRACE NORTH									
16148 73RD TERRACE NORTH PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL									
						3. Date Incorporated or Qualifed	E IN THIS	SPACE	
2. Principal Place of Business 2a. Mailing Address						07/21/1997		he li a r	
21 26 26						4. FEI Number 15-0765915		→ 	plied For
Suite, Apt. #, etc. Suite, Apt. #, etc.								\$8.75 A	t Applicable
27						5. Certifcate of Status Desired		Fee Re	
City & State City & State						6. Election Campaign Financing		\$5.00	May Be
23	28				Trust Fund Contribution		Added to		
Zip				try		8. This corporation owes the curre	nt year Inti	angible	
24	25 29 30				******	Personal Property Tax.			□No
	9. Name and Address of Current	Registered Agent	- 1.	81	Name	10. Name and Address of New Re	gistered /	Agent	
NELSON, ERIC 16148 73RD TERRACE NORTH				ا'°		•			
				82	Street Addre	ess (P.O. Box Number is Not Acceptat	le)		
PALM BEACH GARDENS FL 33418			-	83		, 			
				B4	City	***************************************	<u> </u>	85 Zip C	Code
					•		<u>FL</u>		i
office or r agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State or im familiar with, and accept the obligation of the section	ons or, Section 607.0505, Flori	da Statut	es.	ne corporation	2-	the appoint	itment as reg	pistered
12.	OFFICERS AND		13.		,	ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	RS IN 12
TITLE	DP	☐ OELETE	1.1 TITL	E		: : : : : : : : : : : : : : : : : : : 		Change	Addition
NAME	NELSON, ERIC			1.2 NAME					
STREET ADDRESS				1.3 STREET ADDRESS					
CITY-ST-ZIP	PALM BEACH GARDENS FL 334	418	1.4 CITY	-ST-Z	ZIP				
TITLE		☐ DELETE	2.1 TITL	E		•		Change	Addition
NAME			2.2 NAM	2.2 NAME					
STREET ADDRESS				EETA	DDRESS		·		
CITY-ST-ZIP			2. 4 CIT		ZIP				
TITLE	_			3.1 TITLE				Change	☐ Addition
NAME			3.2 NAM						
STREET ADDRESS					DDRESS				
CITY-ST-ZIP TITLE		DELETE	3.4. CITY 4.1 TITLE		ZIP			Change	- Addition
NAME		□ DELETE						□ Change	☐ Addition
STREET ADDRESS			4. 2 NAW		DODECC	•			İ
CITY-ST-ZIP					DORESS		`		
TITLE		☐ DELETE	4.4 CITY 5.1 TITLE		UF	A SECTION OF THE SECT		Change	Addition
NAME			5.2 NAM				, ,		
STREET ADDRESS			5.3 STRE	ETAL	DORESS				,
CITY-ST-ZIP			5.4 CITY	-\$T-Z	ZIP				
TITLE		☐ DELETE	6.1 TITLE	=				Change	☐ Addition
NAME			6.2 NAMI	E					-
STREET ADDRESS			6.3 STRE	ETAI	DORESS				

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 changed, or on an attachment with an address, with all other like empowered

6.4 CITY-ST-ZIP

SIGNATURE: