03-16-1999 90091 028 \*\*\*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 # DOZOGOGAGOA

<ol> <li>Corporation</li> </ol>	EXPRESS, INCORPORATE		<b>14</b>							
Principal Place of Business Mailing Address							: INO 11001 113 13111 13011 4011 <del>1</del> 0		######################################	J141 <b>013</b> 1 1001
1814 NE MIAMI GARDEN DR STE. 106 1814 NE MIAMI GARDEN DR MIAMI FL 33179 MIAMI FL 33179							DO NOT W	NTE IN THE	CD4CF	
							DO NOT WE Incorporated or Qualifect 24/1997		SPACE	
2. Principal Pl	ace of Business	2a. Mailin	<del></del>			4. FEI N			<del></del>	Applicable
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.		÷	5, Certi	fcate of Status Desired	叉	\$8.75 A	
City & State	3	City &	State			Trust	ion Campaign Financing Fund Contribution		\$5.00 M Added to	
Zip	Country Zip			Country	8. This corporation owes the current year Intangible					est.
24	25	29	30	<u> </u>			onal Property Tax.	D		No
	9. Name and Address of Curren	t Registered A	Agent	81	Nome	10. Nam	e and Address of New	Registered	Agent	
DAW	LICHTON EMANUEL			81	Name		SAME			
Washignton, Emanuel 1814 Ne Miami Garden dr., Ste. 106				82	Street A	Address (P.O. B	ox Number is Not Accep	table)		
MIAMI FL 33179										
IAITUJA	111 1 2 3 3 1 7 9			83						
					City	-		FL	85 Zip C	
11. Pursuant to office or reagent. I as	to the provisions of Sections 607.050; egistered agent, or both, in the State or familiar with, and accept the obligat	2 and 607.150 of Florida. Suctions of Section	B, Florida Statutes, h change was auth n 607.0505, Florida	Statutes	ine corpo	ration's board o	nits this statement for the f directors. I hereby according	e purpose of ept the appoin	ntment as reg	istered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicab				equired when reinstating	ng)	DATE		
12.	OFFICERS AN			13.			IONS/CHANGES TO O	FFICERS AN	ID DIRECTOR	RS IN 12
TITLE	P/T		☐ DELETE	1.1 TITLE		P/S /D			Change Change	Addition
NAME	WASHINGTON, EMANUEL			1.2 NAME		, ,	LWASHINGT	82/		
STREET ADDRESS	1814 NE MIAMI GARDEN DR.,	STE. 106		1.3 STREE	TADDRESS	Lauf N.	LWASHINGT E.MIAMI G	ARDEN I	1R., Sw	te 106
CITY-ST-ZIP	MIAMI FL 33179			1.4 CITY-S	T-ZIP	MIAMI	FL. 33179			
TITLE	V/S		☐ DELETE	2.1 TITLE	- '''	VITID			Change	Addition
NAME	Washington, Sandra Lee			2.2 NAME		CANDRA	LEE WASHING	70N	·	
STREET ADDRESS	1814 NE MIAMI GARDEN DR.,	STE. 106		2.3 STREE	T ADDRESS	1814 NE	E-MIAMIG	ARDEN A	DR., 500	te 106
CITY-ST-ZIP	MIAMI FL 33179			2.4 CITY-5	ST-ZIP	MIAMI	LEE WASHING E-MIAMIG FD 3317	9	<del>-</del> -	
TITLE	D		☐ DELETE	3.1 TITLE		<i>D</i>			Change	☐ Addition
NAME	WASHINGTON, SHEMIAH LENG	)R		3.2 NAME		T . /	LENOR WAS	HINGTON	<i>1</i>	, ,
STREET ADDRESS	1814 NE MIAMI GARDEN DR., 3	STE. 106		3.3 STREE	T ADDRESS	1814 N	E MIAMI G	ARDEN DI	R. Sulle	.706
CITY-ST-ZIP	MIAMI FL 33179			3.4. CITY-5		MIAMI	CL- 33179			i
TITLE			☐ DELETE	4.1 TITLE		-			Change	☐ Addition
NAME				4, 2 NAME						Í
STREET ADDRESS				4.3 STREE	T ADDRESS					
CITY-ST-ZIP				4,4 CITY-S	T-ZIP					
TITLE			DELETE	5.1 TITLE					Change	☐ Addition
NAME				5.2 NAME						
STREET ADDRESS					TADDRESS					1
CITY-ST-ZIP				5.4 CITY-5	T-ZIP					
TITLE			□ DELETE	6.1 TITLE	1				Change	Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

EMANUEL