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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000068461

Corporation Name

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90102 028 ***150.00

	IN, INC.					ļ			
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1				`					
Principal Place		Mailing Address							
1621 E. SAND PIPER CIRCLE PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026			_	·					
PEMBROKE PINES FL 33026 PEMBROKE PINES FL 3			020			DO NOT WRITE	IN THIS S	PACE	
						3. Date Incorporated or Qualifed			
						08/07/1997			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		A	applied For
21	. <u> </u>	26				<u>65-0780101</u>			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22		27							Required
City & State	e	City & State				6. Election Campaign Financing			May Be
23		28		-4		Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the curren		ngible ∐Yes	₩No
24	9. Name and Address of Current	29 Registered Agent	30			Personal Property Tax. 10. Name and Address of New Reg			7
	9. Name and Address of Culteri	Registered Agent	_	81 Nai	me	To. Hame and Address of New Yor	<u> </u>	3	
BRO	WN, SHEILA				w				
	E. SAND PIPER CIRCLE			82 Stre	eet Addre	ss (P.O. Box Number is Not Acceptable	e)		
	BROKE PINES FL 33026			83					
								T" _	
	•			84 City	/		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	tes, the at	oove-nan	ned corpo	ration submits this statement for the pu	urpose of cl	hanging it	s registered
office or r	registered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such change was a	uthorized	by the c	orporation	n's board of directors. I hereby accept to	the appoint	ment as r	egistered
-	im familiar with, and accept the obligat	ions of, Section Gov. 6500, 1 io	inda Statt						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Desistered	Anant eignat	ure required	when reinstating)	DATE		
12.			Registered	Would aiding	are required				
	OFFICERS AND	DIRECTORS .	13.	Agent algina	are required	ADDITIONS/CHANGES TO OFFIC	CERS AND		
TITLE	PSD				·		CERS AND	DIRECT Change	
TITLE NAME	PSD Brown, Glasspole	DIRECTORS .	13.	le .	are required		CERS AND		
	PSD BROWN, GLASSPOLE 1621 E. SAND PIPER CIRCLE	DIRECTORS .	13. 1.1 TiT 1.2 NA	le .			CERS AND		
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14. 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.

SIGNATURE:

LENGTHOLD SHOLD BROWN 954-431-114

JER AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date Plant Brown Date Plant Brown Date Plant Brown Director

K2E034 (11/98)