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

FILED Jan 26, 1999 8:00am Secretary of State

01-26-1999 90012 050 ***150.00

DOCUMENT # P9700069228

1. Corporation		•				
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Principal Place of Business Mailing Address						
8285D SEVERN DR		8285D SEVERN DR BOCA RATON FL 33433			·	
BOCA RATON FL 33433 US				DO NOT WRITE IN T	HIS SPACE	
US		00			3. Date Incorporated or Qualifed	
1					08/11/1997	Applied For
Duta in al Blo	on of Business	2a. Mailing Address			4. FEI Number	
2. Principal Place of Business		26			65-0774568	Not Applicable \$8.75 Additional
Suite, Apt. #, etc.		Suite. Apt. #, etc.		5. Certificate of Status Desired	Fee Required	
22		City & State		6. Election Campaign Financing	\$5.00 May Be	
City & State		28			Trust Fund Contribution	Added to Fees
23	Country	Zip	Country		8. This corporation owes the current year	r Intangible ■Yes □No
Zip	25	29	30		Personal Property Tax.	
24	9. Name and Address of Currer				10. Name and Address of New Registe	red Agent
	9. Hallo 0.10		81	Name		
HOLLOWAY, CHRISTOPHER			82	Street Add	Iress (P.O. Box Number is Not Acceptable)	2
5060	NORTH DIXIE HIGHWAY		83			4. 14 11 11 11 11 11 11 11 11 11 11 11 11
OAKLAND PARK FL 33334			00		· 一种學文學人們也 媒質線準	85 Zip Code
	•		84	1 *		FL
	<u> </u>		1	no nomed cor	poration submits this statement for the purposition's board of directors. I hereby accept the a	e of changing its registered
signature	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age				red when reinstation) DAT	[E
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	Change Addit
TITLE	DPST	☐ DELETE	1.1 TITLE			<u> </u>
NAME	HOLLOWAY, CHRISTOPHER		1.2 NAME	• 1	•	
STREET ADDRESS	TARREST DIVIT DICHMAY	1	1.3 STREE	ET ADDRESS		•
CITY-ST-ZIP	OAKLAND PARK FL 33334		1.4 CITY-	ST-ZIP		☐ Change ☐ Addi
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TITLE	\$265	DELETI	5.3 STRE 5.4 CITY 6.1 TITU 6.2 NAM 6.3 STR	E EET ADDRESS '-ST-ZIP E EET ADDRESS	in Section 119.07(3)(i), Florida Statutes. I furt	

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 attempted with an address, with all other like empowered.

SIGNATURE:

E AND TYPED OR PRINCED MARKE OF SIGNING OFFICER OR DIRECTOR

1-5-98

561-2183810