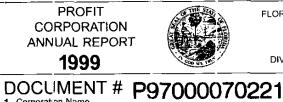
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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90221 013 ***150.00

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	1 (40)(40) (50 10ft) (80)(1 00)(1 00)(1 00)(1 00)	ii 16011 Adila siala 11981 1191 1891
	DO NOT WRITE IN THE	IC CDACE
		15 SPACE
	1	
		Applied For
		Not Applicable
	5. Certificate of Status Desired	\$8.75 Additional
	6 Florticu Campaign Financing	\$5.00 May Be
	, -	Added to Fees
Country	 	ntangible
	Personal Property Tax.	[]Yes []No
. 1	10. Name and Address of New Registere	1 Agent
81 Name		
82 Street And	ress (P.O. Box Number is Not Acceptable)	
Sileet Augi	is the Manual of	
83		
24 67		85 Zip Code
O41 City	F	L 03 2.5 0.700
Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS ,	AND DIRECTORS IN 12
1.1 TITLE		Change Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		Change Addition
2.2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3.1 TITLE		Change Addition
32 NAME		
3.3 STREET ADDRESS		
3.4. CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE		Change Addition
4. 2 NAME		
4 4 CITY-ST-ZIP		Change Addition
		Change Addition
		Change Addition
•		
6.3 STREET ADDRESS		
(81 Name 82 Street Add 83 84 City Tes, the above-named control of the corporation of the	Country Country B. This corporation owes the current year! Person all Property Tax. 10. Name and Address of New Registere 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Registered Agent signature required when reinstating) 13. ADDITIONS/CHANGES TO OFFICERS. 1.1 ITILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 ITILE 2.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 ITILE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 ITILE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 ITILE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 ITILE 5.3 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 ITILE 5.3 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 ITILE 5.3 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 ITILE 5.3 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 ITILE 5.3 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 ITILE 6.2 NAME

14. I hereby certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.0 /(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 reteiler 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 chapter 1, or or an affect mention and other like empowered.

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR