Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90013 038 ***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 # P97000074939

LISTDAT	A COMPUTER SERVICES IN	NC.				
D-ii1 Dt		Mailing Addross				110 JOH 1001
Principal Place of Business Mailing Address 5300 NW 33R0 AVE 5300 NW 33R0 AVE SUITE #200 SUITE #200 TO LANDEDDALE EL 20000			.	DO NOT WRITE IN TH	IS SPACE	
FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309			,	3. Date Incorporated or Qualifed	10 01 7.02	
				08/27/1997		-
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Appl	lied For
21		26		65-0778230	Not a	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired .	\$8.75 Ad Fee Requ	
City & State	 e	City & State		6. Election Campaign Financing	\$5.00 M	lav Be
23		28		Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year		_
24	25	29	30	Personal Property Tax.		No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registere	d Agent	
COE	F, WARREN D		81 Name U	Varren D. Goff		
	W. MCNAB RD., #106		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	+ 20	_
	ARAC FL 33321			SOU NW 33 FM FINE	#20	<u>o</u>
17509	MMAC FL 33321		83			
			84 City F+	Lauderdale F		09
11. Pursuant	to the provisions of Sections 07.050	2 and 607.1508, Florida Statut	es, the above-named corp	poration submits this statement for the purpose	of changing its registed	egistered stered
office or re agent. I a	m familiar with, and accept the obligat	of Florida. Such change was a tions of, Section 607.0505, Flo	nida Statutes	oration submits this statement for the purpose on's board of directors. I hereby accept the app	JOHNSON 123.	
	/ /				lulaa	
SIGNATURE		***************************************	: Registered Agent signature require	<u> </u>	14/99	
SIGNATURE	Signature, typed or printed to a publishered ager			<u> </u>	4 99 AND DIRECTOR	RS IN 12
SIGNATURE	Signature, typed or printed to a publishered ager	and title if applicable. (NOTE	: Registered Agent signature require	od when reinstating) DATE	14/99	
SIGNATURE	Signature, typed or printed age: OFFICERS AN P GOFF, WARREN D	and title if applicable. (NOTE	: Registered Agent signature require	od when reinstating) DATE	4 99 AND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE	Signature, Speed or printed age: OFFICERS AN P GOFF, WARREN D 5300 NW 33RD AVE., #200	and title if applicable. (NOTE	: Registered Agent signature require 13. 1.1 TITLE	od when reinstating) DATE	AND DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed age: OFFICERS AN P GOFF, WARREN D	and title if applicable. (NOTE) ID DIRECTORS DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	od when reinstating) DATE	AND DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, Speed or printed age: OFFICERS AN P GOFF, WARREN D 5300 NW 33RD AVE., #200	and title if applicable. (NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	od when reinstating) DATE	AND DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, Speed or printed age: OFFICERS AN P GOFF, WARREN D 5300 NW 33RD AVE., #200	and title if applicable. (NOTE) ID DIRECTORS DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	od when reinstating) DATE	AND DIRECTOR Change	RS IN 12
SIGNATURE 12. IIILE NAME STREET ADORESS CITY- ST-ZIP TITLE	Signature, Speed or printed age: OFFICERS AN P GOFF, WARREN D 5300 NW 33RD AVE., #200	and title if applicable. (NOTE) ID DIRECTORS DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	od when reinstating) DATE	AND DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADORESS CITY- ST-ZIP TITLE NAME	Signature, Speed or printed age: OFFICERS AN P GOFF, WARREN D 5300 NW 33RD AVE., #200	and title if applicable. (NOTE ID DIRECTORS DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	od when reinstating) DATE	AND DIRECTOR Change	RS IN 12 Addition
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12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP CITY- ST-ZIP STREET ADDRESS CITY- ST-ZIP	Signature, Speed or printed age: OFFICERS AN P GOFF, WARREN D 5300 NW 33RD AVE., #200	and title if applicable. (NOTE ID DIRECTORS DELETE DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	od when reinstating) DATE	AND DIRECTOR Change Change Change	RS IN 12 Addition Addition
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14. I hereby certify that the information supplied with this filing does indicated on this annual report or supplemental annual reports officer or director of the corporation or the receiver or this period block 12 or Block 13 if changed, or on an attachment with an lad. ot qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information use and accurate and that my signature shall have the same legal effect as if made under oath; that I am an an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

AUMER