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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000080032

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AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 11. Pursuant to the provisions of Scions 607.0502 and 607.1508. Florida. Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, an familiar with, and accept the obligations of, Section 607.6505. Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.6505. Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.6505. Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.6505. Florida Statules. SIGNATURE Signature, hipped or printed rain and of expessed agent and tide of expessed agent and	23		28				Trust Fund Contribution Added to	Fees	
9, Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 82 Street Acdress (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sc ctions 607 0502 and 607 1508, Florida Statules, he above-named corporation submirs this statement for the purpose of changing list registered agent, and familiar with, and accept the obligations of, Section 607 0505, Florida Statules. SIGNATURE Signature, Type of the obligations of, Section 607 0505, Florida Statules, the provisions of Sc ctions 607 0505, Florida Statules, and familiar with, and accept the obligations of, Section 607 0505, Florida Statules. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS, WID DIRECTORS IN 12 TITLE 12. OFFICERS AND DIRECTORS 13. STREET ADDRESS 14. ADDITIONS/CHANGES TO OFFICERS, WID DIRECTORS IN 12 TITLE 15. TITLE 16. TASY, THERESA 16. TASY, THERESA 16. TASY, THERESA 16. TASY	Zip	Country	Zip	Cou	intry			_	
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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 attact ment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: 4

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

Change

Addition