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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT #	P970000B2540

May 10, 1999 8:00 am Secretary of State

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Weston, Fl. 33326.					-	DO NOT WRITE IN THIS SPACE						
Westow, 11. 00020,						3. Date Incorporated or Qualified 9/24/97						
	2. Principal Place of Business 1 434 IGNEVIEW Dr 26 434 IGH RIEW Dr							4. FEI Number 65 - 07831	06.	<u> </u>	oplied For ot Applicable	
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc. 20 2							5. Certificate of Status Desired See Required				
City & Sta								6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip 3 5	Zip 2227/ Country 15A							8. This corporation owes the current year Intangible Personal Property Tax.				
	9. Name and Add	Iress of Cur	rent Registe	red Agent				10. Name and Address of New	Registered A	gent		1
DOUT		ANACH				81 Name						
_	Pareview			02		82 Street Ad	ddress	s (P.O. Box Number is Not Accept	lable)			
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WES	SION P	/· E	シウコチ	6		84 City			FL	85 Zip (Code	
11. Pursuant	to the provisions of Se	ections 607.0	502 and 607	7,1508, Florida Statu	ites, the a	bove-named co	огрога	ition submits this statement for the	purpose of c	hanging its	registered	1
office or i	registered agent, or bo am familiar wنليه and ad	th, in the Sta	ite of Florida.	. Such change was	authorized	by the corpora	ration's	s board of directors. I hereby acce	pt the appoin	tment as re	gistered	
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12.	Signature, typed or printed na	OFICERS	agent and title if a	pplicable. (NOT	13.		quired wh	nen reinstating) ADDITIONS/CHANGES TO O				1/98)
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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 attachment with an address, with all other like empowered.

SIGNATURE: