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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P97000084368

## **FILED** Mar 14, 1999 8:00 am Secretary of State 03-14-1999 90010 050 \*\*\*158.75

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J. 1101716	dia Address di Cali	on rogios	8	1 Name			
MOYLE, BERNARD T				2 Stroot Adde	In an (D.O. Day Number in Not Acceptable)		
ONE FINANCIAL PLAZA			°	Zi Street Addi	ress (P.U. Box Number is Not Acceptable)		
SUITE 1600 FT LAUDERDALE FL 33394			8	3			
			R	A City		85 Zip	Code
registered ac	gent, or both, in the Stat	te of Florida. Such change wa	s authorized b	y the corporation	oration submits this statement for the pur on's board of directors. I hereby accept the	rpose of changing its ne appointment as re	registered egistered
am familiar w	rith, and accept the obliq	gations of, Section 607.0505.	Florida Statute	es.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered A				ent signature require		DATE	
OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFIC		DRS IN 12
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	#, etc.  # etc.  # face of Busines  # etc.  # te  9. Name  YLE, BERN.  FINANCI/  TE 1600  _AUDERDA  to the proving registered again familiar was signature. type	Place of Business  Place of Business  #, etc.  te  Country  25  9. Name and Address of Curr  YLE, BERNARD T  FINANCIAL PLAZA  TE 1600  AUDERDALE FL 33394  Ito the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obli  Signature, typed or printed name of registered as	Place of Business  2a. Mailing Address Place of Business  2a. Mailing Address  2a. Mailing Address  2a. Mailing Address  2b. Suite, Apt. #, etc.  2c. Suite, Apt. #, etc.  2c. Tite  2d. City & State  2s. Zip  2s. Name and Address of Current Registered Agent  (ILE, BERNARD T  FINANCIAL PLAZA  FE 1600  AUDERDALE FL 33394   Ito the provisions of Sections 607.0502 and 607.1508, Florida State registered agent, or both, in the State of Florida. Such change was am familiar with, and accept the obligations of, Section 607.0505, in Signature, typed or printed name of registered agent and title if applicable. (No	Town Hwy 10 KIRBY VT 05851  Place of Business  2a. Mailing Address 26 #, etc.  Suite, Apt. #, etc.  27  te  City & State 28  Country  Zip  Country  Ag  Signature Agent Agen	Town Hwy 10 KIRBY VT 05851  Place of Business  2a. Mailing Address 25  #, etc.  Suite, Apt. #, etc.  City & State 28  Country 25  9. Name and Address of Current Registered Agent  VLE, BERNARD T E FINANCIAL PLAZA TE 1600 AUDERDALE FL 33394  AUDERDALE FL 33394  AUDERDALE FL 33394  Registered agent, or both, in the State of Florida. Such change was authorized by the corporation am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  Signature, typed or printed name of registered agent and title if appicable.  OFFICERS AND DIRECTORS  13.	Town Hwy 10 Kirby VT 05851  DO NOT WRITE  3. Date Incorporated or Qualifed  09/26/1997  Place of Business  2a. Mailing Address 25  #, etc.  Suite, Apt. #, etc. 27  te  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  An Insi corporation owes the current Personal Property Tax.  9. Name and Address of Current Registered Agent  TILE, BERNARD T  FINANCIAL PLAZA  TE 1600  AUDERDALE FL 33394  To the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the pure for the	Mailing Address TOWN HWY 10 KIRBY VT 05851  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  09/26/1997  4. FEI Number 58-2354261  N. Fei R.  #, etc.  City & State Country Zip Country Zip Country Zip Country Zip Country 3. This corporation owes the current year Intangible  Country Zip Country Added  Country Added  Country Added  Name  10. Name and Address of New Registered Agent  Name  **TE FINANCIAL PLAZA TE 1600  AUDERDALE FL 33394  **City State of Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as ream familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.  **Signature, typed or proteed raine or registered agent and title of appocable.  (NOTE: Registered Agent signature required when reinstatering)  DATE

CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

SIGNATURE:

802-626-8644