PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90043 003 ***150.00

DOCUMENT # P97000085331

FIEGANT WHEFI S INC

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Springs .	and the management of the state	المتعالمة	<u></u>	<u> </u>						
Principal Pir	ace of Business	M	lalling Address						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	JEUNE ROAD		140 NW LEJEUNE ROA	AD .			•			
MIAMI FL 331	126	M	IAMI FL 33126				DO NOT WRITE	IN THIS S	PACE	
							3. Date Incorporated or Qualifed			
							10/02/1997]
A Drawlant	Street of Chairman		. Mailing Address				4, FEI Number		I An	plied For
 -	Place of Business	<u>⊢</u>	. Mauling Address				1			t Applicable
21)	t # ata	26	Suite, Apt. #, etc.				65-0789023		\$8,75	
Suite, Ap	n. #, etc.	(m)	ouite, Apr. #, etc.				5. Certificate of Status Desired	J	Fee Re	
22 Clay 8 Ct		27	City & State				6. Election Campaign Financing		\$5.00	
City & St	#10 		- Timber				Trust Fund Contribution]	\$5.00 Added to	
23 Zip	Country	28	Zip		untry		8. This corporation owes the current	unar letar		1
	[25]	29	ALIP .	30	y		Personal Property Tax.			□No
24	9. Name and Address of C		stered Agent	1201	т—		10. Name and Address of New Reg			
	a. Raine ulti ruuless ul l				81	Name	-52 13000 -00 1 1000 1000			
ים	LEARY, G. DAVID ESQ.									
	00 SOUTH DADELAND BLVD	. PH 825			82	Street A	ddress (P.O. Box Number is Not Acceptable)		ļ
1	AMI FL 33156	,			83					
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1					84	City		FI	85 Zip C	ode
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44 Burning	at to the persistence of Costions of	17 0502 and 6	'O7 15/IR ElAda Stat	hites the	ahove	-named co				dadam d
11. Pursuar	nt to the provisions of Sections 60 r registered agent, or both, in the	07.0502 and 6 State of Florid	107.1508, Florida Sta ta. Such change was	tutes, the a	above ed by	named corpora	ation's board of directors. I hereby accept the	e appoint	ment as reg	li presed
11. Pursuar office or agent. I	nt to the provisions of Sections 60 r registered agent, or both, in the am familiar with, and accept the	07.0502 and 6 State of Floric obligations of,	i07.1508, Florida Sta da. Such change was , Section 607.0505, F	tutes, the a s authorize Florida Stat	above ed by intutes.	named comport	orporation submits this statement for the pur ation's board of directors. I hereby accept th	e appoint	ment as reg	lizrated
11. Pursuar office of agent. I	E				_				ment as reg	nstered
SIGNATUR	Signature, typed or printed name of registe	ered agant and title i	if applicable. (NG	OTE: Registere	nd Agent		uired when reinstating)	DATE		
SIGNATURI	Signature, typed or printed name of registe OFFICE		If applicable. (NO	OTE: Registere	nd Agent			DATE ERS AND		
SIGNATURI 12. IIILE	Signature, typed or printed name of registe OFFICEI	ered agant and title i	if applicable. (NG	13.	nd Agent		uired when reinstating)	DATE ERS AND	DIRECTO	RS IN 12
SIGNATURI 12. TITLE NAME	Signature, typed or privided name of registe OFFICEI PSD SIMON, STEVEN	ared agant and title I RS AND DIRE	If applicable. (NO	13. 1,17	nd Agend I. TITLE NAME	t algrature req	uired when reinstating)	DATE ERS AND	DIRECTO	RS IN 12
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included on this annual report or supplied with this limited ones not quality for the exemption stated in 1950(3)0), riving a Statutes, intumer carray that the findhold indicated on this annual report or suppliemental annual people 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 furster 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.

RE REQUIRED

SIGNATURE: