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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700086547

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. 00		US			3. Date Incorporat	ed or Qualited			
2 Principal D	Di F Division	C- M-III- Address			10/07/1997				
_ `	Place of Business	2a. Mailing Address			4. FEI Number				plied For
Suite, Apt.	# atc	Suite, Apt. #, etc.			65-0802602	· · · · · · · · · · · · · · · · · · ·			t Applicable
22	. 17 , 610.	27 Suite, Apr. #, etc.			5. Certifcate of Sta	itus Desired 🔲		\$8.75 A	
City & Stat	te 😭	City & State			6. Election Campa	ter Cinanaina			
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24	25		30	[Personal Prope	•		yıble ∐Yes	□No
	9. Name and Address of Current		30,		10. Name and Add	· · · · · · · · · · · · · · · · · · ·			
			81 Name			<u>-</u>			
FREEMAN, STEPHEN A			97 Stroo	-4 Addrsss	/D.O. Boy Number	Mat Associable)			
520 BRICKELL KEY DR		82 Stree	et Address	(P.O. Box Number	is Not Acceptable)				
STE 0-305			83						
MIAN	MI FL 33131								
			84 City				FL	85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-name	ed corpora	tion submits this sta	tement for the purp	ose of cha	anging its	registered
office or r	registered agent, or both, in the State of	of Elacida, Cuah ahanga was ay	All and a self to all the self						
l agent. I a	m familiar with, and accept the obligati	ions of Section 607,0505. Flori	ithorized by the con	rporation s	board of directors.	I hereby accept the	appointm	nent as reg	gistered
agent. I a	am familiar with, and accept the obligati	ions of, Section 607.0505, Flori	ithorized by the con ida Statutes.	rporations	board of directors.	I hereby accept the	appointm	nent as reg	gistered
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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 of 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.

6.3 STREET ADDRESS 6.4 CITY- ST- ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4/27/1999

561-417-0776