PROFIT CORPORATION: ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P97000087566**

97-34 AGENTS, INC.

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90018 035 ***150.00



Principal Plac	e of Business	Mailing Address			-	F 1004100H 118 19141 10011 301	 	HEINE LOUBLE BILLO	BURN BIN HOU
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					ŀ	3. Date Incorporated or Quali			
						10/09/1997		•	
2. Principal P	lace of Business	2a. Mailing Address			-	4. FEI Number		: Ap	plied For
21		26				65-0817005		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					d 1 1	\$8.75	Additional
22		27				5. Certificate of Status Desired	<u> </u>	Fee Re	equired
City & Stat	le	City & State				6. Election Campaign Financi	ing n	\$5.00	May Be
23		28				Trust Fund Contribution		Added t	to Fees
Zip	Country	Zip	Cou	itry		8. This corporation owes the	current year Int		
24	25	29	30			Personal Property Tax.	5		⊠ No
	9. Name and Address of Cur	rent Registered Agent		81 Name		10. Name and Address of Ne	w Kegisterea	Agent	
VAL	DES-FAULI CORPORATE SERV	MCEQ INC		Name	7				
) SOUTH BISCAYNE BLVD SU		i	82 Street	t Address	s (P.O. Box Number is Not Acc	eptable)		
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" office or r	registered agent, or both, in the Sta	ate of Florida. Such change w	as authorized	by the corp	poration's	s board of directors. I hereby a	ccept the appoi	ntment as re	gistered
agent. I a	m familiar with, and accept the obl	ligations of, Section 607.0505	, Florida Statı	tes.					4
SIGNATURE							•		
		t twit W. Washin /	MOTE, D. Jakers J.		an envised and	en estrutation)	DATE		
12	Signature, typed or printed name of registered		NOTE: Registered	Agent signature	required wt		OFFICERS AN	ID DIRECTO	ORS IN 12
12.	OFFICERS	agent and title if applicable. (I AND DIRECTORS	13.		tw beniupen	nen reinstating) , , , ADDITIONS/CHANGES TO		ID DIRECTO	DRS IN 12
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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 supplied 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 of 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:

January 6, 1999

(305) 376-6040