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**PROFIT** CORPORATION ANNUAL REPORT

1999



**FLORIDA DEPARTMENT OF STATE** 

## **Katherine Harris**

DIVISION OF CORPORATIONS

## Secretary of State

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

04-14-1999 90129 025 \*\*\*150.00

1. Corporation		0089550					
Principal Place	of Business	Mailing Address				{Bift   time niver ni	IEU BBH IBBY
265 SUNRISE AVENUE SUITE 204 PALM BEACH FL 33480		265 SUNRISE AVENUE SUITE 204 PALM BEACH FL 33480			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed		
					10/15/1997		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	<u> </u>	Applicable
Suite, Apt. #	t ata	Suite, Apt. #, etc.			65-08 13988	\$8.75 Ac	
22	r, <del>G</del> .c.	27			5. Certifcate of Status Desired	Fee Req	
City & State		City & State	<del>-</del>		6. Election Campaign Financing	\$5.00 N	lay.Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year In		⊒No
24	25	29	30		Personal Property Tax.  10. Name and Address of New Registered		סאוב
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New Registered	- Ageint	
MINTMIRE, DONALD F 265 SUNRISE AVENUE SUITE 204				82 Street .	Address (P.O. Box Number is Not Acceptable)		
PALM	I BEACH FL 33480			84 City	FL	85 Zip Co	ode
office or re agent. I an	o the provisions of Sections 607.05 ogistered agent, or both, in the State of familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was ations of, Section 607.0505, F	authorized Iorida Stati	ites.	corporation submits this statement for the purpose of pration's board of directors. I hereby accept the appointment of the purpose of the pur		siered
office or re agent. I an	gistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was ations of, Section 607.0505, F  ent and title if applicable. (NO ND DIRECTORS	authorized lorida Statu TE: Registered	tes.  Agent signature r	equired when reinstating)  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
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CITY-ST-Z!P 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:

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