## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000092962

1. Corporation Name

24   25   29   30   9. Name and Address of Current Registered Agent							Name	10. Nan
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23 7in		Country	28	Zip		Country		8. This
Suite, Apt. #, etc.  22  City & State			Suite, Apt. #, etc.  27  City & State				6. Elec	
							5. Cert	
21			26					65-
2. Principal Pla	ace of Business	<u> </u>	2a.	Mailing Addre	ess			4. FEI
							_	3. Date
680 South Mil West Palm be			680 SOUTH MILITARY TRAIL WEST PALM BEACH FL 33415					
Principal Place of Business			Mailing Address					

## FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90107 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE Incorporated or Qualifed 27/1997 Number Applied For 0789051 Not Applicable \$8.75 Additional fcate of Status Desired Fee Required tion Campaign Financing \$5.00 May Be Added to Fees st Fund Contribution corporation owes the current year Intangible □No sonal Property Tax. ne and Address of New Registered Agent Box Number is Not Acceptable) また HaのBona おい WEST PALM BEACH FL 33415 83 Zip Code 37408-501, 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition DELETE Change 1.1 TITLE TITLE LEON, OSCAR 1.2 NAME NAME 100 PARADISE HARBOUR BLYD APT 410 FRANKLIN ROAD 1.3 STREET ADDRESS STREET ADDRESS WEST POLIM BEREIN FL 33408 -5011 WEST PALM BEACH FL 33405 14 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZiP ☐ Change DELETE ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition 6.1 TITLE □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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:

CITY-ST-ZIP

CR2E034 (11/98)