PROFIT CORPORATION ANNUAL REPORT . 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000103407

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90036 044 ***150.00

noco i	enterprises of Palm Be/	ACH COUNTY, INC.					
Principal Plac	ce of Business	Mailing Address			i teamaan isa sasti saati Sesti saasi aasa sasti isa		
1204 WHITE P		1204 WHITE PINE DR			1		
WEST PALM BEACH FL 33414 WEST PALM BEACH FL 3341					DO NOT WRITE IN THIS SPACE		
1					3. Date Incorporated or Qualifed	J OI MOL	
{					12/03/1997		i
2 Principal P	Place of Business	2a. Mailing Address			4. FEI Number	I A	plied For
21		26			65-0820878	N.	ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional
22		27			5. Certificate of Status Desired	Fee R	equired
City & Stat	te	City & State	_		6. Election Compaign Financing		May Be
23	<u> </u>	28		<u> </u>	Trust Fund Contribution		to Fees
Zip	Country	Zip ,	Count	ry	8. This corporation owes the current year in	ntangible	□No
24	25	<u> </u>	30		Personal Property Tax. 10. Name and Address of New Registered		LINO
<u> </u>	9. Name and Address of Current	Kegistered Agent	- (1 Name	10. Harre and Manuages or Man regulation	- Hour	
BRC	OOME, WILLIAM R.H.					. <u></u>	
	8 AUSTRALIAN AVE S]1	Street Addre	ess (P.O. Box Number is Not Acceptable)		J
COV	VIMERCE POINT, STE 202		l _s	3			
WES	ST PALM BEACH FL 33409					 	
<u>}</u>			٤	City	FI	85 Zip	Code
<u></u>	to the provisions of Sections 607.0502	and 607.1508. Florida Statute	es, the abo	ve-named corpo	oration submits this statement for the purpose of	f changing its	registered
44 Priceirant							
11. Pursuant	registered agent, or both, in the State of	of Florida, Such change was at	uthorized t	y the corporatio	on's board of directors. I hereby accept the appr	ointment as re	gistered.
1	registered agent, or both, in the State of am familiar with, and accept the obligati	of Florida, Such change was at ions of, Section 607.0505, Florida ions of Section 607.0505, Florida	uthorized to rida Statut	y the corporations.	oration submits this statement for the purpose on's board of directors. I hereby accept the appu	ointment as re	gistered
office or segent. I segent. I se				by the corporations. pent signature required		ointment as re	
1	registered agent, or both, in the State of am familiar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:				ND DIRECTO	
SIGNATURE	Signature, typed or printed name of registered equal	and title if applicable. (NOTE:	Registered A	pent signature required	d when reinstating) DATE		DRS IN 12
SIGNATURE	Signature, typed or printed name of registered equal OFFICERS AND	and title if applicable. (NOTE:	Registered A	pent signature required	d when reinstating) DATE	ND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered equal OFFICERS AND PD RAWN, JOHN D 1204 WHITE PINE DR	and title if applicable. (NOTE:	Registered A 13. 1.1 YITU 1.2 NAM	pent signature required	d when reinstating) DATE	ND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PD RAWN, JOHN D	and title if applicable. (NOTE:) DIRECTORS DELETE	Registered A 13. 1.1 YITU 1.2 NAM	pent signature required	d when reinstating) DATE	ND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registored agent OFFICERS AND PD RAWN, JOHN D 1204 WHITE PINE DR WEST PALM BEACH FL 33414 VSD	and title if applicable. (NOTE:	13. 1.1 YTU 1.2 NAM 1.3 STRE	ent signature required	d when reinstating) DATE	ND DIRECTO	
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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 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 697. 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 empoweres.

SIGNATURE:

SIGNATURE REQUIRED