**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #**

1. Corporation Name

Principal Place of Business		Mailing Address			
6968 TRADEWIND WA LANTANA FL 33462	Υ	6968 TRADEWIND WAY ŁANTANA FL 33462			
			3		
2. Principal Place of	Business	2a. Mailing Address			
Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country 25	Zip Count	try		
24		rrent Registered Agent			

## Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90108 009 \*\*\*150.00



Principal Plac	e of Business	Mailing Address					
6968 TRADEWIND WAY LANTANA FL 33462		6968 TRADEWIND WAY ŁANTANA FL 33462			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 12/08/1997	
2. Principal P	Place of Business	2a. Mailing Addr	ess			4. FEI Number Applied For	
21		26				65-0807963 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.			5. Certifcate of Status Desired See Required	
City & Stat	te	City & State			دمخال ساتاهم	6. Election Campaign Financing \$5:00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip		Countr	,	8. This corporation owes the current year Intangible	
24	25	29	30			Personal Property Tax.	
	9. Name and Address of Cur					10. Name and Address of New Registered Agent	
MACHIELA, STEVEN H CPA 6801 LAKE WORTH RD, STE 124 LAKE WORTH FL 33467			81		t Address (P.O. Box Number is Not Acceptable)		
			84	82 Street Address (P.O. Box Number is Not Acceptable)			
			83		· ·		
	<b>,</b>			84	City	FL 85 Zip Code	
office or i	to the provisions of Sections 607.0 registered agent, or both, in the Stam familiar with, and accept the obline in the section of the section	ate of Florida. Such char	ige was autho	rized by	the corp	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE				<del> </del>		required when reinstating) DATE	
40	Signature, typed or printed name of registered	AND DIRECTORS	(NOTE: Reg	13.	nt signature i	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	P . OFFICERS		ELETE	1.1 TITLE		Change Addition	
TITLE	<b>「</b>		1 L	LA TITLE		3,,,,,,	

BERRIE, STEVEN 1.2 NAME NAME 6968 TRADEWIND WAY 1.3 STREET ADDRESS STREET ADDRESS LANTANA FL 33462 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 2.1 TITLE TITLE BERRIE, WENDY S 22 NAME NAME 6968 TRADEWIND WAY 2.3 STREET ADDRESS STREET ADDRESS LANTANA FL 33462 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE-☐ Change TITLE 3.1-TITLE:> 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition 6.1 TITLE DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY- ST-ZIP CITY-ST-ZIP

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:

561-588-7358