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PROFIT: CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P970001	070	37
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TODA COF	RPORATION						1111 1111
Principal Place o	f Business	Mailing Address				·	
352 US HWY ON		1352 US HWY ONE				****	
UPITER FL 33477		JUPITER FL 33477 US			DO NOT WRITE IN THIS	SPACE	
IS .		03			3. Date Incorporated or Qualifed		
					12/19/1997	Applie	d For
2. Principal Plac	ne of Business	2a. Mailing Address			4. FEI Number 65-0801931		policable 3
1		26				\$8.75 Add	itional (
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Requi	red
2		City & State			6. Election Campaign Financing	\$5.00 ма	
City & State	1				Trust Fund Contribution	Added to F	ees
	Country		Cou	intry	8. This corporation owes the current year In	tangible]No
Zip ~¬	Country	29	30		Personal Property Tax.	7	1140
24	9. Name and Address of Current				10. Name and Address of New Registered	ı vâeır	
	**************************************	8		81 Name	·		
SCHV	vencke, Kerry R			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
1645	PALM BEACH LAKES BLVD					100 . 400 (2.41)	1.11
SUITE	720	-		83		Carlos Co	H (19 181)
	PALM BEACH FL 33401			84 City	F	85 Zip Co	
	w 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			above samed cor	poration submits this statement for the purpose	of changing its re	egistered
,						ominieni as icui:	stered [
11. Pursuant t	o the provisions of Sections 607.050	2 and 607 1508, Florida Statu of Florida, Such change was a	authorize	ed by the corporat	tion's board of directors. I hereby accept the app]
11. Pursuant to office or reagent. Lar	o the provisions of Sections 607.050 gistered agent, or both, in the State n familiar with, and accept the obliga	tions of, Section 607.0505, FR	authorize orida Sta	above-named corporat ed by the corporat stutes.	poration submits this statement for the purpose clion's board of directors. I hereby accept the app		
agent. I ar	n familiar with, and accept the obligation	tions of, Section 607 0505, Fit	orida Sia	itutes.	DATE		
agent. I ar	n familiar with, and accept the obligation familiar with, and accept the obligation familiar with a familiar w	tions of, Section 607.0505, Fit	orida Sia	ed Agent signature requi	· ·	AND DIRECTOR	
agent. I ar SIGNATURE	n familiar with, and accept the obligation familiar with a second	tions of, Section 607 0505, Fit	E: Register	ed Agent signature requi	DATE		
SIGNATURE 12.	n familiar with, and accept the obligation familiar with a second famil	st and title if applicable. (NOT	E: Register	ed Agent signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	
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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 most empowered to execute his 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: