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 # P97000109138

JAN CARSON CHEEZEM, P.A.

May 04, 1999 8:00 am Secretary of State

05-04-1999 90051 031 ***150.00



Principal Place of Business Mailing Address									
C/O 200 SOUTH BISCAYNE BLVD 20TH FLOOR C/O 200 SOUTH BISCAYNE B				3LVD., 20TH FLOOR					
MIAMI FL 33131-2310 MIAMI FL 33131-2310							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed	113 OF ACE	_
							01/01/1998		
2. Principal Place of Business 2a. Mailing Address							4. FEI Number	Ar	oplied For
21							65 - 0054 054		ot Applicable
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.				5. Certifcate of Status Desired	·	Additional
22		27	27				J. Octation of classes position	Fee Re	equired
City & Stat	e	City & State				6. Election Campaign Financing	•	May Be	
23		28					Trust Fund Contribution	Added	to Fees
Zip	Country Zip			Country ~ ~			8. This corporation owes the current year		>
24	25 29			30			Personal Property Tax.	Yes	ĎľNo
	9. Name and Address of Curren	t Registered Ag	ent	81			10. Name and Address of New Register	ed Agent	
PUG	SZ FIU CORPORATION			81	"	lame			
200 SOUTH BISCAYNE BLVD., 20TH FLOOR				82	Ts	treet Addre	ess (P.O. Box Number is Not Acceptable)		
MIAMI FL 33131-2310									
MILL	WI FL 33131-2310				83				
				84	10	City		85 Zip	Code
								FL 00 2	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, of Florida, Such (Florida Statutes,	, the above norized by	e-na the	amed corporation	oration submits this statement for the purposion's board of directors. I hereby accept the ap) of changing its opointment as re	s registered egistered
agent. I a	m familiar with, and accept the obligar	tions of, Section	607.0505, Florid	a Statutes	s		, ,	•	-
SIGNATURE									
	Signature, typed or printed name of registered ager	_	(NOTE: Re		nt sig	nature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		DE IN 12
12.	OFFICERS AN	D DIRECTORS	☐ DELETE	13. 1.1 TITLE			ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE			C) ACCUIC						_
NAME CHEEZEM, JAN CARSON			1.2 NAME					Ì	
STREET ADDRESS	MANN Et 22121 2210			1.3 STREET ADDRESS					1
CITY-ST-ZIP	MIAMI FL 33131-2310		O DELETE	1.4 CITY-S	T-ZII	<u> </u>		☐ Change	Addition
TITLE			2.1 TITLE						
NAME				2.2 NAME					}
STREET ADDRESS				2.3 STREE					
CITY-ST-ZIP			O DELETE .	2.4 CITY-S	ST-ZI	IP		Change	Addition
TITLE _			☐ DELETE ·	3.1 TITLE				onunge	
NAME				3.2 NAME					Į.
STREET ADDRESS				3.3 STREE					
CITY-ST-ZIP_			☐ DELETE	3.4. CITY-S	ST-ZI	IP		☐ Change	Addition
TITLE			["] DELETE	4.1 TITLE					
NAME				4. 2 NAME					}
STREET ADDRESS	1			4.3 STREE					
CITY+ST-ZIP			C DELETE	4.4 City-S	T-Zi	P		☐ Change	☐ Addition
TITLE			☐ DELETE	5.1 TITLE 5.2 NAME					L. Mainori
NAME				5.3 STREE	ተ ለቦ።	ODESS			ļ
STREET ADDRESS									ļ
CITY-ST-ZIP			☐ DELETE	5.4 CITY-S 6.1 TITLE		<u> </u>		☐ Change	Addition
TILE			™ nere ie	6.2 NAME					
NAME				6.3 STREE	T A T-4	INDESS			J
STREET ADDRESS				6.4 CITY-S		ļ			Ì
CITY OF TID	,					- 1			

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 adulties, with all other like empowered.

SIGNATURE: