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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800000703

1. Corporation Name

FILED Mar 30, 1999 8:00 am Secretary of State 03-30-1999 90044 021 ***150.00

	NC.										
Principal Place	e of Business	Mailing Address				-	DENI QUINE RRUEN D				
•	A BEACH BLVD.	700 EAST DANIA BEACH B	LVD.								
SUITE 202 SUITE 202						DO NOT WRITE IN THIS SPACE					
DANIA FL 33004 DANIA FL 33004						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
	·					01/05/1998					
2. Principal Pl	lace of Business	2a. Mailing Address				4 FEI Number	<u> ۸</u>		Applie	ed For	
21		26				65-080 F	<u> 085</u>			pplicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired See Required					
22		27									_
City & State	e	<u> </u>	City & State			Election Campaign Financing Trust Fund Contribution			UU≗Mā led to F	y Be	_
23 Tip	Country	28 Zip	Coun	itry		8. This corporation owes the cur	rrent veer Int		ied to i	-	
Zip	25		30	,		Personal Property Tax.	nont year mi	Yes		Nο	
24	9. Name and Address of Curren		1301			10. Name and Address of New	Registered	Agent			
	5. Hamo and House		1	81 N	lame						
VIVIE	es, patrick		<u> </u>	82 S	troot Addro	ess (P.O. Box Number is Not Accep	table)				
3	east dania beach blvd.			3	alleet Addre						
	E 202		1	83							
DAN	IA FL 33004		-	84 C	City			85 2	Zip Cod	de	
					-		FL	ــلــــ			
44 Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statute	es, the about	ove-na	amed corpo	pration submits this statement for the	e purpose of ept the appoi	changing ntment a	g its reg s regisi	gistered tered	
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office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a tions of, Section 607.0505, Flor	rida Statut	by the tes.	corporation	it's board of directors. Thereby door			-		
office or r	m familiar with, and accept the obliga	itions of, Section 607.0505, Flo	nda Statut	tes.				<u>.</u>			
office or re agent. I at SIGNATURE	m familiar with, and accept the obligation of the state o	nt and title if applicable. (NOTE	: Registered A	tes.		when reinstating)	DATE	<u>-</u>			í
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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 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:

SIGNATURE RESURED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR