

02/28/04

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

FILED

99 MAR 23 PM 3:41

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1998

4. FEI Number

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax

Yes No

10. Name and Address of New Registered Agent

Principal Place of Business 7695 S.W. 104TH ST. STE. 210 MIAMI FL 33156

Mailing Address 7695 S.W. 104TH ST. STE. 210 MIAMI FL 33156

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

LITTMAN, ERIC P 7695 S.W. 104TH ST. STE. 210 MIAMI FL 33156

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when no change)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-STATE-ZIP [] DELETE

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP

[] Change [] Addition

TITLE NAME STREET ADDRESS CITY-STATE-ZIP [] DELETE

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP

[] Change [] Addition

TITLE NAME STREET ADDRESS CITY-STATE-ZIP [] DELETE

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP

[] Change [] Addition

TITLE NAME STREET ADDRESS CITY-STATE-ZIP [] DELETE

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP

[] Change [] Addition

TITLE NAME STREET ADDRESS CITY-STATE-ZIP [] DELETE

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP

[] Change [] Addition

TITLE NAME STREET ADDRESS CITY-STATE-ZIP [] DELETE

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-STATE-ZIP

[] Change [] Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERIC P. LITTMAN

2/24/99

(805) 663-3333

CR2E034 (11/98)

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7/23/99