PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

7, Corporation	MENT # P98000 NAME AVAILABLE OF FLORIDA, II		•		`					
Principal Place	of Business	Mailing Address	·			- i editebt tie rerat ieitt mater detti	PRIST REST METER	Tiffet serve a	rard: arri saar	
6436 S.W. 21ST ST. 6438 S.W. 21ST ST.						-				
MIRAMAR FL 33	023	MIRAMAR FL 33023				DO NOT WRITE	IN THIS SPA	ACE		_
1						3. Date Incorporated or Qualifed				
			<u></u>			01/15/1998		, , , , , , , , , , , , , , , , , , , 		
<u> </u>	ace of Business	2a. Mailing Address				4. EEI Number 14499		\rightarrow	plied For t Applicable	1
Suite, Apt. #	# etc	Suite, Apl. #, etc.	_			050007718			Additional	1
22	,, 5.0.	27				5. Certificate of Status Desired	<u> </u>	Fee Re	beriup	
City & State		City & State				6. Election Campaign Financing	0	\$5.00	•	(
23 =	<u> </u>	_ 28				Trust Fund Contribution		Added t	o Fees ≔⊸∽ ~~~	ł
Zip ==	Country	ZIP	30	untry_		8. This corporation owes the curre Personal Property Tax.		Yes	□No =	
24	9. Name and Address of Current		30			10. Name and Address of New Re				1
				81	Name					
1	rgan, kevin			82	Street Addn	ess (P.O. Box Number is Not Acceptab	le)			ì
6436 S.W. 21ST ST.										}
MIKA	MAR FL 33023			83						
				84	City		FI 8	5 Zip C	ode	
11 Pursuant t	o the provisions of Sections 607.0502	2 and 607,1508, Florida St	atutes, the	above-i	named corpo	oration submits this statement for the p	urpose of cha	nging its	registered	1
SIGNATURE						oration submits this statement for the p in's board of directors. I hereby accept	urpose of cha the appointme	nging its ant as rec	registered gistered	66
SIGNATURE	to the provisions of Sections 607.0502 sgistered agent, or both, in the State of m famillar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (N		ed Agent a			DATE CERS AND D	IRECTO	RS IN 12	(98)
SIGNATURE	Signature, typed or printed name of regretered agent	and title if applicable. (N	OTE: Registere	ed Agent a		d when reinstating)	DATE CERS AND D			(11/98)
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND D KERRIGAN, KEVIN	and title if applicable. (AD DIRECTORS	707E: Registere 13. 1,1 T	ed Agent a I. TITLE NAME	algrature required	d when reinstating)	DATE CERS AND D	IRECTO	RS IN 12	034 (11/98)
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND D KERRIGAN, KEVIN 6436 S.W. 21ST ST.	and title if applicable. (AD DIRECTORS	70TE: Registere 13. 1.11 1.21 13.5	ed Agent A I. TITLE NAME STREET A	algneture required	d when reinstating)	DATE CERS AND D	IRECTO	RS IN 12	2E034 (11/98)
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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 of the processor 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 as attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

NATURE AND TYPED OR PROTECT NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90085 048 ***150.00