3/49-8

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED Mar 09, 1999 8:00 am Secretary of State

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P.O. BOX 243			2.O. BOX 2434							
STUART FL 34	1995		STUART FL 34995			DO NO	T WRITE IN THI	S SPACE		
					3.	Date Incorporated or Qu	alifed			
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Suite, Apt.	*, etc. 527	27	Suite, Apt. #, etc.	527	5.	Certificate of Status Desi			Additional	1
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 	9. Name and Addres	ss of Current Reg	istered Agent	B1 ⋅ Nar		Name and Address of	New Registered	Agent		
JON	ies, matthew J				<u>H, L</u>	e Chapman				ĺ
	S. FEDERAL HWY., S	TE. 212		B2 Stre		O. Box Number is Not A			}	ı
STU	IART FL 34994			83	530 D -]	
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			•	84 City	P-1	<u> </u>		85 Zip (Code	ļ
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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.

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

3/11/99

561-883-9189