SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT #

1. Corporation Name



P98000015271

Secretary of State DIVISION OF CORPORATIONS

FILED Sep 20, 1999 8:00 am Secretary of State 09-20-1999 90003 014 ***550.00 FLORIDA DEPARTMENT OF STATE **Katherine Harris**

9-12-99

Principal Place of Business	Mailing Address			-{	ION HORN BINCO HONG HORAL HON (AAL
,	347 S.W. 30TH AVENUE				
347 S.W. 30TH AVENUE DEERFIELD BEACH FL 33442	DEERFIELD BEACH FL 3				
DELITITED DEPOTE TO SAFE				DO NOT WRITE IN THE	S SPACE
				3. Date incorporated or Qualified	
		_		02/16/1998	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26			65-0825920	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27				
City & State	City & State			6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	1 6	ntn (Trust Fund Contribution	Added to Fees
Zip Country	Zip	Cour	inay	 This corporation owes the current year Intangible Personal Property. 	Yes No
24 25	29	30		10. Name and Address of New Registered	<u> </u>
9. Name and Address of Current	Registered Agent		81 Name	10, Haine and Addiess of How Registered	- · · · · · · · · · · · · · · · · · · ·
HENRY, OTIS					
347 S.W. 30TH AVENUE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
DEERFIELD BEACH FL 33442		ļ	83		· · ·
			**		
			84 City	FI	85 Zip Code
agent. I am familiar with, and accept the obligated SIGNATURE Signature, typed or printed name of registered agent.	and title if applicable.	IOTE: Register	red Agent signature requ	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
12. OFFICERS AND		13.	ne l	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
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STREET ADDRESS 347 S.W. 30Th	33442		TY-ST-ZIP		
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NAME		2.2 NA			
STREET ADDRESS			REET ADDRESS		
CITY-ST-ZIP					
		■ 2.4 CI	1Y-S1-ZIP		
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