PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris 🔭 🔺

Secretary of State

FILED Apr 16, 1999 8:00 am Secretary of State 04-16-1999 90012 032 ***150.00

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BOCA RATON				RATON FL 33432			. DO NOT WE	RITE IN THIS	SPACE	
							3. Date Incorporated or Qualife		OF AGE	
		•					02/19/1998	_		- 1
2. Principal P	lace of Busin	ess	2a. N	failing Address			4. FEI Number (05	1822	2 : Ap	plied For
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Suite, Apt.	#, etc.		27	uite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & Stat	le		28	Lity & State				<u> </u>	\$5.00 Added t	May Be
Zip		Country	Z	ip		intry	8. This corporation owes the cu	πent year Inta		
24		25	29		30		Personal Property Tax.	Dayleterad I	Yes	□No
	9. Name	and Address of Cur	rent Register	red Agent		81 Name	10. Name and Address of New	Kegistereu /	Afrair	
WHE	FELER. CHE	NSTOPHER C								
	GLADES I					82 Street Ad	dress (P.O. Box Number Is Not Accep	(able)		
	TE 340W ·					83				
800	CA RATON I	FL 33431				84 City			es Zip C	Code
						[out		FL		
						<u> </u>				
11. Pursuant	to the provis	ions of Sections 607.0	0502 and 607	.1508, Florida Stat	utes, the a	bove-named control	rporation submits this statement for the	e purpose of o	thanging its	registered j
11. Pursuant office or a agent. I a	to the provisi registered ago am familiar wi	ions of Sections 607.0 ent, or both, in the Sta th, and accept the obl	0502 and 607 ate of Florida. ligations of, S	.1508, Florida Stat Such change was ection 607.0505, F	utes, the a authorized lorida Stat	bove-named con by the corpora utes.	rporation submits this statement for the tion's board of directors. I hereby acco	e purpose of o	changing its tment as rec	registered gistered
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signature	Signature, typed	or printed name of registered	agent and title If a	opticable. (NO	TE: Registered	Agent signature requ	irec when reinstading)	DATE		}
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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 office or director of the exporation or the receiver of turned supplemental annual report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 junctures; and that my name appears in the same supplemental annual report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 junctures; and that my name appears in the same supplemental annual report is the same supplemental annual report is true.

4/13/99 SIGNATURE:

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