PROFIT CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED May 13, 1999 8:00 am Secretary of State 05-13-1999 90041 041 ***150.00

DOCUMENT #	P98000016980

i i Corporation	MENT # P980(IN AGER AGENCY, INC.					
Principal Place	e of Business	Mailing Address		() 140 (RB) (RB (B) 24 (B) (B B) (B B) (B) (B)	,	4511 1291
11222 STATE R		11222 STATE ROAD 84				
DAVIE FL 33325	5	DAVIE FL 33325		DO NOT WRITE IN TH	S SPACE	
				Date Incorporated or Qualifed 02/23/1998	-	
2 Dain ala al Di	ace of Business	2a. Mailing Address		4, FEI Number	Apple	d For
2. Principal C1	ace of phaness	26		145-0815816	Not Ar	plicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addi	
22		27		J. Constant of June 2 Section 1	Fee Requir	
City & S ate		City & State			\$5.00 Ma Added to Fe	
Zip	Country	Zip	Соилtry	This corporation owes the current year I Personal Property Tax.	ntangible Yes []	No
24	9. Name and Address of Cu		30	10. Name and Address of New Registere		
<u> </u>	9. Name and Add ess of Co	THEIR REGISTERS Agent	81 Name)		
AME	RILAWYER		82 Street Add			
	almeria avenue		52 3000170	ress (P.O. Box Number is Not Acceptable)		
COR	AL GABLES FL 33134		83			
/			84 City (N CAMBELDATE F	85 Zip C 19	ed
			יַרוַי		L 20.5	istered
SIGNATURE	m familiar with and accept the o	bligations of Section 607.0505. Flor	ida Statutes. ES N. AGEZ	poration submits this statement for the purpose on's board of cirectors. I hereby accept the approximation $-6-7$	1	1
<u></u>	Signature, typed or printed name of pagislare	d agent and title if applicable (NOT :	Registered Agent signature require			
12.	OFFICER:			ed when revisiting) DATE	ND DIRECTOF:S	IN 12
12.	PSTD OFFICERS	d agent and title if applicable (NOT :: S AND DIRECTORS	Registered Agent signature require 13.	ed when revisiting) DATE	ND DIRECTOF:S	IN 12
12. TITLE NAME	OFFICER:	d agent and title if applicable (NOT :: S AND DIRECTORS	13. 1.1 TITLE	ed when revisiting) DATE	ND DIRECTOF:S	IN 12 Addition
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14. Herety certify that the information supplied with this filing does not qualify fix 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 signal are shall have the same legal effect as if made under eath; that it am an officer or director of the corporation or the receiver or trustee empowered to expect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changer, or on an attact impairment address with all other like empowered.

SIGNATURE: _

SIGNAT IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR