**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 27, 1999 8:00 am Secretary of State 05-27-1999 90003 037 \*\*\*150.00

1. Corporation		018901				
Principal Place	e of Business	Mailing Address		1 18411851 115		
% HOLYFIELD ASSOCIATES. P.A. 1601 FORUM PLACE. SUITE 801 W. PALM BEACH FL 33401 W. PALM BEACH FL 33401 W. PALM BEACH FL 33401			É 801	DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	SPACE	
				02/26/1998		
2, Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number		med For
21		26		65-0837063		Applicable
Suite, Apl.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Ad Fee Req	
City & State	6	City & State		P. Electron Campaign menting	\$5.00 N	
23			Country	Trust Fund Contribution	Added_to	Fees
Zip	Country	Zip	[30]	This corporation owes the current year in Personal Property Tax.		□No
<u> </u>	9. Name and Address of Current			10. Name and Address of New Registered	Agent	
			81 Name			1
	Man, John T I Forum Place		62 Street A	ddress (P.O. Box Number is Not Acceptable)		
	E 801					
	T PALM BEACH FL 33401		83			
			84 City	FL		i
				- protice submits this statement for the Durose of	changing its o	egistered
i 11. Pursuanti	to the provisions of Sections 607.0004	2 and 607.1508, Florida Statu	es, the above-named o	dipolation supring this statement for the purpose of	introduction	(eterad
office or re agent. La	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, Florida Statu of Florida. Such change was a lions of, Section 607.0505, Flo	es, the above-named outhorized by the corpor wida Statutes.	ration's board of directors. I hereby accept the appo	intment as regi	istered
office or reagent. I as				orporation submits this statement for the purpose or ration's board of directors, I hereby accept the appointment when reinstation.	intment as regi	\ _
SIGNATURE	to the provisions of Sections 607,050x egistered agent, or both, in the State or m familiar with, and accept the obligat Signature, typed or posted name of registered agent OFFICERS ANI	t and title if applicable. (NOTI	ies, the above-named cultinorized by the corpor inda Statutes.  Registered Agent segmature rec			\ _
	Signature, typed or pointed name of registered agent	t and title if applicable. (NOTI	Registered Agent signature rec	pulsed when reinstating) DATE		\ _
SIGNATURE	Signeture, typed or printed name of registered agent	it and title if applicable. (NOTI	Registered Agent argusture rec	pulsed when reinstating) DATE	ND DIRECTOR	\ _
SIGNATURE 12.	Signeture, typed or posted name of registered agent OFFICERS ANI	it and title if applicable. (NOTI	Registered Agent signature rec 13.	pulsed when reinstating) DATE	ND DIRECTOR	\ _
SIGNATURE  12.  TITLE  NAME	Signature, typed or posted name of registered agent OFFICERS ANI D KOHLMANN, FLAVIEN	t and libe if applicable. (NOTI D DIRECTORS	Registered Agent signature nec 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-2P	pulsed when reinstating) DATE	ND DIRECTOR Change	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or ponted name of registered agent OFFICERS ANI D KOHLMANN, FLAVIEN C/O 27 AVENUE DE VERDUN 06500 MENTON, FRANCE D	it and title if applicable. (NOTI	13. 1.1 TITLE 12 NAME 1.9 STREET ADDRESS 1.4 CITY-ST-2P 2.1 TITLE	pulsed when reinstating) DATE	ND DIRECTOR	\ _
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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 incuste empowered to excelle this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapged, or on an attachment with an address, with all other like empowered.

SIGNATURE: