## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1999 **DOCUMENT #** 1. Corporation Name

## **FILED** May 17, 1999 8:00 am Secretary of State

05-17-1999 90004 035 \*\*\*150.00

	le Company				
Principal Place of Business 1761 W. Hillsboro Blud.	Mailing Address		_		
Suite 201	2				
<u> </u>			DO NOT WRITE IN THIS SPACE		
Beerfield Beach, FL 33	3942		3. Date Incorporated or Qualifed		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	A	oplied For
21	26		65-08/9469		ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	,	Additional
22	27				equired
City & State	City & State		6. Election Campaign Financing		May Be
23	_ 28	Country	Trust Fund Contribution		to Fees
Zip Country	Zip	io	<ol> <li>This corporation owes the current year to Personal Property Tax.</li> </ol>	ntangible Yes	
24 25 9. Name and Address of Current		101	10. Name and Address of New Registere		
	r redigmond viden	81 Name			
Jeffrey L. Greenberg	, ,		100000000000000000000000000000000000000		
1761 W. Hillshoro B)	vd.	82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
Suite 201		83			
	1 0011110			0.0 7:-	Cada
Deerfield Beach, F	L 33492	<b>84</b> City	F	L 85 Zip	Code
Pursuant to the provisions of Sections 607.050; office or registered agent, or both, in the State agent. I am familiar with any acceptance of light.	and 607.1508, Florida Statutes Florida. Sugn change was aut	the above-named corp horized by the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its ointment as re	registered egistered
agent. I am familiar with/and/accept/the enlight	tions of, Section 607.0505, Florid	da Statutes.	sembasa 5/7	lca	
SIGNATURE Signature, types or shinted hame of registered agent	t and title if applicable (NOTE: R	tegistered Agent signature require	id when reinstating)	77	
12. OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ODS IN 12
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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 of the receiver of 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, of on an attachment with an address, with all other like empowered.

SIGNATURE:

95Y