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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000024499

FILED May 03, 1999 8:00 am Secretary of State

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Principal Place of Business Mailing Address					-					
220 COMMERCIAL BLVD. LAUDERDALE BY-THE-SEA FL 33308 220 COMMERCIAL BLVD. LAUDERDALE BY-THE-SEA FL 33308				3308		DO NOT WRITE IN THIS SPACE				
l	•				3.	Date Incorporated or	Qualifed			
{						03/13/1998			{	
2. Principal Pi	tace of Business	2a. Mailing Address		-	4.	FEI Number	6067	Ap	plied For	
21 Suite Ant		26			6	3-090	6967		t Applicable	
J Suke, Apr.	#, etć.	Suite, Apt. #, etc.		•	5.	Certificate of Status D	esired []	\$8.75		
22		27					<u> </u>		equired	
City & State	le .	City & State				Election Campaign Fi	- 1.1	\$5.00 Added 1		
23		28	Cont	nin.		Trust Fund Contributi			IO FEES	
Zip	Country	l Zip ├─┐	Cou	IRIY		This corporation owe: Personal Property Ta		∏ Yes	□No	
24	9, Name and Address of Curren	t Segistered Appet	30			Name and Address				
Large		registated regent		B1 Name	MARI	A LOPA	TKA			
220	LE, LOUIS COMMERCIAL BLVD.			82 Street	Address (P.	O. Box Number is No MMCVLL	Appendable)			
LAUI	DERDALE BY-THE-SEA FL 33308	,	:	83 Fo.	RT 1	AVDER	DALE	FZ		
ľ	•			B4 City			FI	85 Zip (30d1	
11, Pursuant	to the provisions of Sections 607,050 registered agent, or both, in the State am familiar with, and accept the obligations are considered to the college and control of the college are college	2 and 607,1508, Florida S	tatutes, the a	pove-named	corporation	submits this stateme	nt for the purpose o	f changing its	registered	
office or r	registered agent, or both, in the State	of Florida, Such change wittens of Section 607 0505	ras authorizad 5. Florida Stati	l by the corp utes.	oration's box	ard of directors. I hen	sby accept the appo	untment as re	distrated (
agent. ra	A CL	epatko,					-60 - 2	-00		
		12/11 1 2 A I I I I I I I	,				~	- / /	- 1	
SIGNATURE	Signature, typed or printed name of registered leger		(NOTE: Registered	Agent signature	required when re-	metstang)	DATE			8
SIGNATURE		T and the H applicable. D DIRECTORS	13.		required when re-	DOITIONS/CHANGE	S TO OFFICERS A	ND DIRECTO	ORS IN 12	11/98)
	OFFICERS AN	nt and little If applicable.	13. E 1.1 TI	TLE .	MAR	DOITIONS/CHANGE	PATKI	2 Schange	ORS IN 12	4 (11/98)
12.	OFFICERS AN DIELE, LOUIS	T and the H applicable. D DIRECTORS	13. E 1.1 T/I	TLE LME	MAR	nddong) DOITIONS/CHANGE [17 FO! COmme	PATKI	2 Schange	DRS IN 12	
12.	OFFICERS AN D MIELE, LOUIS 220 COMMERCIAL BLVD.	trapp tips II applicable. ID DIRECTORS DELET	13. E 1.1 T/I 12 N/ 13 ST	ILE IME REET ADORESS	M# Ř	DOITIONS/CHANGE IA LOI COMME	patk peial (y pschango	Addition (
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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 officer or director of the corporation or the receiver or 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 changest, or on an attachment with an address, with all other like empowered.

SIGNATURE:

mountainspossaticaso

3-23-99

Daytime Phone i