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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000024502

1. Corporation Name

III TIMATE CPB. INC.

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90012 012 ***150.00

OE (III) II													
Principal Place	e of Business	Ma	iling Address						1 (9411991 1)9 (619) (911) 98511 4	9111 69111 96119	***************************************	001(2 116) 1981	
617 NW 28 COURT		617	617 NW 28 COURT										
WILTON MANORS FL 33311			WILTON MANORS FL 33311					1					
									DO NOT WRITE IN THIS SPACE				1
									 Date Incorporated or Qualifect 03/13/1998 	j 			
2. Principal Pl	lace of Business	2a.	Mailing Addre	ess				$\neg \neg$	4. FEI Number		Ap	plied For	
21		26						- 1	65-082045	0	No	t Applicable]
Suite, Apt.	#, etc.		Suite, Apt. #,	etc.					5. Certifcate of Status Desired		\$8.75		}
22		27	27						3. Certificate of Status Desired		Fee Re	equired	١
City & State			City & State						6. Election Campaign Financing		\$5.00	May Be	-
23		28							Trust Fund Contribution		Added	to Fees	1
Zip	Country		Zip Count			intry	, ,		8. This corporation owes the cur	rrent year Int			
24	25	29		ſ	30			_}	Personal Property Tax.		Yes	□No	1
	9. Name and Address of Curre	nt Regist	tered Agent	•		l		~	10. Name and Address of New	Registered	Agent		
		_				81	Name						1
	LY, CYNTHIA					82	Ctroot A	Addros	s (P.O. Box Number is Not Accep	table)			┨
617	NW 28 COURT					62	SHEELA	-uui es	is (F.O. Box Number is Not Accep	table)			
WILT	ON MANORS FL 33311					83							1
						\sqcup					1 - 1		1
						84	City			FL	85 Zip	Code	
									ation and the state of the stat	e purpose of	changing its	registered	I
office or re agent. I ar	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florid	ia. Such chang	ge was au	ithorize	o by t	-named c the corpor	corpora oration's	ation submits this statement for the solution of directors. I hereby acce	ept the appoi	ntment as re	gistered	
office or re agent. I ar SIGNATURE	egistered agent, or both, in the Stat	e of Florid pations of,	la. Such chang Section 607.0	ge was au)505, Flor	ithorize ida Staf	o by t lutes.	tne corpo	oration	s poard of directors. I nereby acce	DATE	intitient as re	gistered	(8)
office or re agent. I ar SIGNATURE	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A	e of Florid pations of, pent and title if	la. Such chang Section 607.0 f applicable.	ge was au 0505, Flor (NOTE:	ida Staf	O Dy t lutes.	tne corpo	oration	s board of directors. I hereby acce	DATE	ND DIRECTO	DRS IN 12	1/08)
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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 changed, or on an attachment with an address with all other like empowered.

KE KEQUIRED SIGNAZI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-99