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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000024959

1. Corporation Name

Principal Place of Business	Mailing Address	
170 PALM DESERT LANE POMPANO BEACH FL 33069	170 PALM DESERT LANE POMPANO BEACH FL 33069	٠,
·		3.
Principal Place of Business 21	2a. Mailing Address 26	4.
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5.
City & State	City & State	6.
	1281	
Zip Country 24 25	Zip Country 29 30	8.

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90085 043 ***150.00



Principal Place of Business Mailing Address						- I 1897(80) (10 1810) (40) (1 80) (1 80) (1 80) (1 80) (1 80)	1 \$1110 LOLL 1001
170 PALM DESERT LANE 170 PALM D		170 PALM DESERT LANE POMPANO BEACH FL 3306	The state of the s			DO HOT MOTE IN THIS CRACE	
	·					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	
						03/17/1998	
Principal Place of Business 2a. Mailing Address						A FEI Number Ar	oplied For
-	<u></u>						ot Applicable
		Suite, Apt. #, etc.				\$8.75	Additional
22 27					5. Certificate of Status Desired Fee R	equired	
City & State		City & State				6. Election Campaign Financing \$5.00	May Be
23		28				Trust Fund Contribution Added	to Fees
Zip	Country 25	Zip 29	Zip Coun			8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes	No
5.31	9. Name and Address of Current					10. Name and Address of New Registered Agent	
-				81	Name	•	
HEYDEN, CHRISTINA 170 PALM DESERT LANE				82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
POMPANO BEACH FL 33069				83			*
	,			84	City	FL 85 Zip	Code
office or n agent. I a SIGNATURE	egistered agent, or both, in the State on the mailiar with, and accept the obligate	of Florida. Such change was a ions of, Section 607.0505, Flor	rida Stati	i by ites	the corporatio	oration submits this statement for the purpose of changing its n's board of directors. I hereby accept the appointment as re	egistered
	Signature, typed or printed name of registered agen OFFICERS AN		13.	Ageil	ii signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	DRS IN 12
12. πιέ	D	DELETE 1.1 TI		LE.	·	☐ Change	☐ Addition
NAME	HEYDEN, CHRISTINA		1.2 NAME				
STREET ADDRESS	170 PALM DESERT LANE			REET	ADDRESS		
CITY-ST-ZIP			1.4 CI	TY-SI	T-ZIP	<u> </u>	
TITLE	D	☐ DELETE	2.1 TITLE		-	☐ Change	☐ Addition
NAME	HEYDEN, PAUL		2.2 NAME				ł
STREET ADDRESS	170 PALM DESERT LANE	• •	2.3 STREE		T ADDRESS	* • ·	ļ
CITY-ST-ZIP			TY-S	iT-ZIP			
TITLE	•	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	i èsa		3.2 NAME				
STREET ADDRESS			3.3 STREE		ADDRESS		ļ
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		3.4. CITY-S		T-ZIP		- Addition
TITLE	ŧ	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRES		[1
CITY-ST-ZIP		☐ DELETE	4.4 CITY-5		T-ZIP	☐ Change	Addition
TITLE	. :		5.1 TITLE 5.2 NAME			Change	
NAME					ADDRESS		
STREET ADDRESS			0.001		WOULDS		
CITY-ST-ZIP			£4.0°	TY. 91	T. 71D		
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	CONTROL MANAGEMENT AND AND THE PROPERTY OF THE	☐ DELETE		ΠE	T-ZIP	☐ Change	☐ Addition

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

954-630-9449