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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

Apr 29, 1999 8:00 am Secretary of State

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Suite, /vpt.	#. etc.	Suite, Apt. #, etc.						_/		5 Additional
22	., -	27				5. Ce	ertificate of Status Desir	ed 🙀	Fee	Required
City & Stat	e	City & State				6. Ek	ection Campaign Finan	icing _	\$5.0	May Be
23		28				Tri	ust Fund Contribution	<u> </u>	Adde	d to Fees
Zip	Country	Zip	Cou	ntry		-	nis corporation owes the	e current year		
24	25	29	30				erso nal Property Tax.		Yes	<u>M</u> No
	9. Name and Address of Curre	ent Registered Agent		041		10. N	ame and Address of I	New Register	d Agent	
	NOODATE ODEATIONS ENTERD	DIOCO INO		81	Name					
CORPORATE CREATIONS ENTERPRISES, INC.				82	Street A do	dress (P.O.	ess (P.O. Bok Number is Not Acceptable)			
	PGA BOULEVARD #211									
PAL	M BEACH GARDENS FL 33418			83						
ļ				84	City				. 85 Z	ip Code
}	to the provisions of S∋ctions 607.05			\ \	-			<u> </u>		
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agent. I a	registered agent, or both, in the Statum familiar with, and accept the oblig	gations of, Section 607.0505, I	s authorized F orida Stati	iby thutes.	ne corporat	tion's board	tating	DATE		
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14. 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 corpora ion 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 changes or on an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR I PRINTED NAME OF SIGNING OFFICER OR DIRECTOR