PROFIT -CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000026694

1. Corporation Name

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90010 022 ***150.00

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D-iil Di	of Dissipance	Mailing Address				-{	HIBIE BIIIS BIII	0 400f0 0101 3001
Principal Place		Mailing Address						
19635 S.W. 99TH COURT 19635 S.W. 99TH COURT MIAMI FL 33157 MIAMI FL 33157								
·						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed 03/20/1998		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21		26				65-0908918	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	5. Certificate of Status Desired	\$8.75	Additional
22		27				3. Celtificate of Status Bealied	Fee R	equired
City & Stat	e	City & State		,		6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year Int		
24	25		30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent		a 4 4		10. Name and Address of New Registered	Agent	
MEN	IDENIHALI DIMAVNE		1	81 1	Name			
MENDENHALL, DWAYNE			ļ	82 Street Address (P.O. Box Number is Not Acceptable)				
19635 S.W. 99TH COURT			ļ		_			
MIAN	MI FL 33157		ļ	83				
			ŀ	84 (City	·	85 Zip	Code
					•	FL	-	
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered ager	of Florida. Such change was a tions of, Section 607.0505, Flo	uthorized rida Statu	by the tes.	e corporation	ration submits this statement for the purpose of n's board of directors. I hereby accept the apportunity when reinstating)	intment as r	egistered
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECT	200 IN 12
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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.

SIGNATURE:

:QURED