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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 13, 1999 8:00am

**Secretary of State** 

02-13-1999 90031 004 \*\*\*150.00

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000027633

1. Corporation Name

CITY-ST-ZIP

L.D. GU	Jest Ser	VICES, INC.	1•								
								# 18831887 N/B (B18) 1893 BROW BROW			8 197 <b>88</b> 11 <b>11</b> 1 <b>88</b> 3
Principal Plac	ce of Busines	s	Ma	ailing Address					<b>#8</b> (4) <b>#8</b> (4 <b>)</b> 11	( <b>))</b>   18818 <b>E</b> {181	<b>i</b> (1100 liki (40)
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								3. Date Incorporated or Qualifed 03/24/1998			
2. Principal F	Place of Busir	ness	2a.	Mailing Address				4. FEI Number	<u> </u>	le d'an	aliad Ear
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Suite, Apt. #, etc. Suite, Apt. #, etc.										\$8.75	<del></del>
22 27								5. Certifcate of Status Desired		Fee Re	
City & State City & State								6. Election Campaign Financing			May Be
23			28					Trust Fund Contribution		Added	
Zip		Country		Zip	Count	try		8. This corporation owes the currer	t year Inta		مسم المنتداد
24		25	29		30			Personal Property Tax.		Yes	ĽłNo °
	9. Name	and Address of	of Current Regist	tered Agent				10. Name and Address of New Re	gistered A	gent	•
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	NGUS, LOTI				8	82 S	Street Addres	ss (P.O. Box Number is Not Acceptabl	e)		
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11. Pursuant	to the provisi	ions of Sections	s 607.0502 and 60	07.1508, Florida Stat	utes, the abo	WO D1		ration submits this statement for the pu	rpose of c	hanging its	registered
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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 trystee 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:

6.4 CITY-ST-ZIP