**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90178 010 \*\*\*150.00

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		<del></del>	· <del>-</del> -				3. Date incorporated or Qualifed		
İ							03/25/1998		
2. Principal P	Place of Business		2a. Mailing Address		4		4. FEI Number 12 000	A	pplied For
21 1742	2 5 100	UNG CIRCLE	28 1742 S. Y	DUNG (	_IRCH	$\epsilon$	65-0023009	_ N	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
22			27				a. Certificate of Status Desireo	Fee R	equired
City & Stat	te	٠	City & State				8. Election Campaign Financing	\$5.00	May Be
23 HOLLY	wood 1	<sup>L</sup> L	28 HOLLTWOOD D	. F L	-		Trust Fund Contribution	Added	to Fees
Žip	_	Country	Zip	Count	ry		8. This corporation owes the current ye		ا بر
24 330	20 <sub>25</sub>		29 33020	30			Personal Property Tax.	☐ Yes	No
	9. Name and	Address of Current	Registered Agent				10. Name and Address of New Regis	tered Agent	
VA.51	HICCINICKY CD	17014			1 Name				1
	Puscinska, GRA			1	2 Street	Addres	ss (P.O. Box Number is Not Acceptable)		
	O FILLMORE STI					42	5. YOUNG CIRCLE		
HUL	LLYWOOD FL 33	020		Ĩ	3				ļ
				-	4 City /			85 Zip	Code
ļ	•				- City	$\mathcal{H}_{b}$	LTW800	<b> -                                   </b>	302()
11. Pursuant	to the provisions of	of Sections 607.0502	and 607.1508, Florida Statu	tes, the abo	ve named	corpor	ation submits this statement for the purpo	ose of changing It	registered
	remintered added a	r both in the State of	Florida Such channe was :	aidhodizad t		orailon	is board of directors. I hereby accept the	appointment as n	edizcelen }
office or i	am familiar with, an	nd accept the obligation	ons of Section 607.0505. Fla	orida Statut	9 1116 COIP 88.			• •	l l
į.	11 4	nd accept the obligation	ons of, Section 607.0505, Fla	orida Statut	98.		rallon submits this statement for the purpose board of directors. I hereby accept the	198	ļ
agent. I a	11 4	111 July V	(				when reinstatung) O	/ <del>/ /</del>	
į.	Gu 1	111 July V	od litte if applicable. (NOT DIRECTORS			required v	04/29	RS AND DIRECT	ORS IN 12
SIGNATURE	Gu 1	of name of registered agent of	ed title if applicable. (NOT	E. Registered A	oni signature		when reinstatung) O	/ <del>/ /</del>	
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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 eccurate 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 thosiver 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: SIGNATURE AND TYPE

CITCUMINITUM WOODURED