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PROFIT
CORPORATION
ANNUAL REPORT



SIGNATURE AND TYPED OR PROPED HAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE

Kathorino Harris

FILED Feb 18, 1999 8:00 am Secretary of State

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	JMENT # P98 HEALTY CORP.	3000030)435						
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600 NE 12TH TERR. 1600 NE 12TH TERR.						ļ	•		
. LAUDERO	DALE FL 33305		LAUDEROALE FL						
						DO NOT	WRITE IN TI	HIS SPACE	
						3. Date Incorporated or Qua	difed		
Principal	Place of Business	2a. N	Mailing Address		·	03/31/1998			
						4. FEI Number	4 1		Applied For
Suite, Ap	t. #, etc.		Suite, Apt. #, etc.						Not Applicable Additional
		27				5. Certificate of Status Desir	ed 🗀 ·		Required
City & St	aie	-	City & State			6. Election Campaign Finan	cing		D-May Be
Zip	Country		Pt			Trust Fund Contribution	ָ ט	Addec	to Fees
_•	25	29	?ip	30	intry	8. This corporation owes the	current year		
	9. Name and Address	of Current Register	red Agent	[30]		Personal Property Tax. 10. Name and Address of N	5	Yes	□N□
4 11 1					61 Name	10. Teamle and Address of N	am icedimen	eo Agent	
	LAN, MICHAEL O NE 1271/ TERR				82 Street Add	deman (D.O. Donation to Atlanta	<u>:</u>		
1800 NE 12TH TERR. Ft. Lauderdale fl. 33305					SHEEL AND	dress (P.O. Box Number is Not Acc	ceptable)		
1 1.	האסוארני ער מממנים				83	······			
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Pursuant office or agent, I s	t to the provisions of Sections registered agent, or both, in t am familiar with, and accept to	s 607.0502 and 607. the State of Florida. the obligations of, Se	1508, Florida Sta Such change wa action 607.0505,	atutes, the at as authorized Florida Statu	84 City pove-named corp by the corporati	poralion submits this statement for ion's board of directors. I hereby a	the purpose ccept the app		Code registered gistered
Pursuant office or agent, I a	Signature, typed or preded name of re-	gastered agent and title if app	plicable. (N	IOTE: Registered .	1 - 3	ed when reinstating)	the purpose ccept the app	of changing its ointment as re	registered egistered
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