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## **FILED** Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90231 021 \*\*\*150.00

## **PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

## DOCUMENT # DOCOCOCOCO

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Principal Place	e of Business	Mailir	ng Address				ĺ	110010011110					
10647 N.W. 7TH PLACE 10647 N.W. 7TH PLACE							-						
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071					DO NOT WRITE IN			I THIS S	THIS SPACE				
							F	3. Date incorporated or					1
ļ								04/03/1998				•	•
2. Principal Pl	lace of Business	2a. M	laiting Address				$\dashv$	4. FEI Number	1 000		App	lled For	]
21		26	-					65-08 <u>7</u> 9	<u> 684 </u>		Not	Applicable	]
Suite, Apt. #, etc.		S	Suite, Apt. #, etc.				5. Certificate of Status D	esired 🔲		\$8.75 A			
		27				4	· · · · · · · · · · · · · · · · · · ·			Fee Req		1	
City & State City			ity & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					[		
23	· · · · · · · · · · · · · · · · · · ·	28	-		untry	•	+	Trust Fund Contributi				F003	1
Z <sub>I</sub> p	Country	Zi		————			<b>⇒</b> : -	8. This corporation owe Personal Property Ta		rear inter	ngibie ∐Yes ——	⊡No	
24	9. Name and Address of Currer	29	<del></del>	30	T''''			10. Name and Address					1
	g, Name and Address of Corre	ist Kedister	ed Affects		81	Name		10, 1141119 4114 1 1 1			<u> </u>		1
EAST	T, UNA								• • • • • • • • • • • • • • • • • • •				┨
4341	N.W. 4TH COURT				82	Street Add	iress	(P.O. Box Number is No	і Ассершые)				
PLAN	NTATION FL 33317				83								7
						-					85 Zip Ci	ode	-
					84	City			,	FL	1 1 1		_
11, Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	02 and 607.	1508, Florida Statute	s, the a	bove	named con	poral	tion submits this statemen	t for the purp	ose of ch	nanging its n	egistered	1
office or n	egistered agent, or both, in the State	of Florida	Such change was au	unonzeo	a by ti	ne concomu	JON 8	DOSTO OF CIRCUIS, FIRST	ol accebi mic	ahhous	Hicker go ioff	au.uu	
l acent. Lau	m familiar with, and accept the obliga	ations of, Se	ection 607.0505, Flori	ida Stat	utes.								1
1	m familiar with, and accept the obliga	ations of, Se	ection 607.0505, Flori	ida Stat	utes.								
SIGNATURE	Signature, typed or printed name of registered age	ini and title if an	plicable (NOTE.	Registered		signature requir		en reinstelling)	D	ATE			(86
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	ini and title if an	plicable (NOTE.	Registered	d Agent				D	RS AND	DIRECTOR	RS IN 12	11/98)
SIGNATURE 12.	Signature, typed or printed name of registered ege OFFICERS AN	ini and title if an	plicable (NOTE.	Registered 13.	d Agent			en reinstelling)	D	RS AND			4 (11/98)
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered ego OFFICERS AN SD EAST, UNA	and title if ap	plicable (NOTE.	13. 1.1 Ti 1.2 N	d Agent ITLE AME	signature requir		en reinstelling)	D	RS AND	DIRECTOR	RS IN 12	5034 (11/98)
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ego OFFICERS AN SD EAST, UNA 4341 N.W. 4TH COURT	and title if ap	plicable (NOTE.	13. 1.1 To 1.2 No 1.3 S	TREET	signature require		en reinstelling)	D	RS AND	DIRECTOR	RS IN 12	22E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered ego OFFICERS AN SD EAST, UNA 4341 N.W. 4TH COURT PLANTATION FL 33317	and title if ap	ORS DELETE	13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci	ITLE AME TREET	signature require		en reinstelling)	D	RS AND	DIRECTOR	RS IN 12	CR2E034 (11/98)
SIGNATURE  12. ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE	Signature, typed or printed name of registered ego OFFICERS AN SD EAST, UNA 4341 N.W. 4TH COURT PLANTATION FL 33317 VD	and title if ap	plicable (NOTE.	13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci 2.1 Ti	TLE TREET	signature require		en reinstelling)	D	RS AND	DIRECTOR Change	RS JN 12	CR2E034 (11/98)
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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.

CI	CN	ATI	IDE:

BIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR