May 05, 1999 8:00 am Secretary of State

05-05-1999 90110 036 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000031396

Principal Place of Business Mailing Address  1540 NE 32 COURT 1540 NE 32 COURT		
POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 DO NOT WRITE IN T	HIS SPACE	
3. Date Incorporated or Qualifed 04/03/1998		
2 Principal Place of Business 2a. Mailing Address 4. FEI Number	App	lied For
26 65-0824215		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	\$8.75 A	
22 27	Fee Rec	·
City & State City & State 6. Election Campaign Financing	\$5.00	
23 Trust Fund Contribution	Added to	rees
Zip Country Zip Country 8. This corporation owes the current year		□No
24 25 29 30 Personal Property Tax.  9. Name and Address of Current Registered Agent 10. Name and Address of New Register		
81 Name		
QUINONES, VICKY A 1540 NE 32 COURT  82 Street Address (P.O. Box Number is Not Acceptable)		
POMPANO BEACH FL 33064	- "	· · · · · · · · · · · · · · · · · · ·
1 ONI / 110 DESCRITE 60001		ā. · ,
84 City	<b>=                                    </b>	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.	ppointment as reg	cgiotolog
agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signific typed or programme of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE		jisterea
SIGNATURE / / / / / / / / / / / / / / / / / / /	AND DIRECTO	RS IN 12
SIGNATURE  SignAtific, typed or proportions of register end title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS  TITLE  DELETE  1.1 TITLE		
SIGNATURE SignAffe, typed or proportion of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS  TITLE  D  QUINONES, VICKY A  12. NAME	AND DIRECTO	RS IN 12
SIGNATURE SignAffe, typed or proportions of registrate and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS TITLE  DELETE 1.1 TITLE	AND DIRECTO	RS IN 12
SIGNATURE  SignAtive typed or proper ratios of registree-agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  TITLE  NAME  QUINONES, VICKY A  STREET ADDRESS  CITY-ST-ZIP  POMPANO BEACH FL 33064  (NOTE: Registered Agent signature required when reinstating)  DATE  (NOTE: Registered Agent signature required when reinstating)  DATE  1.3. ADDITIONS/CHANGES TO OFFICERS  1.1 TITLE  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  POMPANO BEACH FL 33064	S AND DIRECTOI	RS IN 12
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SIGNATURE  SignAffe, typed or proportion of registrate and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS  TITLE  NAME  QUINONES, VICKY A  12. NAME  STREET ADDRESS  CITY-ST-ZIP  POMPANO BEACH FL 33064  CITY-ST-ZIP  DATE  (NOTE: Registered Agent signature required when reinstating)  13. ADDITIONS/CHANGES TO OFFICERS  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	S AND DIRECTOI	RS IN 12
SIGNATURE  Sign Mete, typed or proportions of registreed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  TITLE  D  OUINONES, VICKY A  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  1.1 TITLE  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  1.4 CITY-ST-ZIP  TITLE  DELETE  2.1 TITLE	S AND DIRECTOI	RS IN 12
SIGNATURE    SignAufre; typed or potentialize of reglasce-agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   12.	S AND DIRECTOI ☐ Change ☐ Change	RS IN 12 Addition
SIGNATURE  SignAufor, typed or proportions of registrate and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  TITLE  D  QUINONES, VICKY A  12. NAME  STREET ADDRESS  CITY-ST-ZIP  POMPANO BEACH FL 33064  1.4 CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  2.1 TITLE  2.2 NAME  2.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE	S AND DIRECTOI	RS IN 12
SIGNATURE  SignAufre, typed or proportatine of registreed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS  TITLE  NAME  QUINONES, VICKY A  12. NAME  STREET ADDRESS  CITY-ST-ZIP  POMPANO BEACH FL 33064  1.4 CITY-ST-ZIP  DELETE  2.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  2.2 NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  2.4 CITY-ST-ZIP  DELETE  2.5 STREET ADDRESS  CITY-ST-ZIP  DELETE  2.6 STREET ADDRESS  CITY-ST-ZIP  DELETE  2.7 STREET ADDRESS  CITY-ST-ZIP  DELETE  2.8 STREET ADDRESS  CITY-ST-ZIP  DELETE  2.9 CITY-ST-ZIP	S AND DIRECTOI ☐ Change ☐ Change	RS IN 12 Addition
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SIGNATURE   SignAlafe, typed or proportions of registare-eigent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   12.	AND DIRECTOR Change	RS IN 12 Addition Addition
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SIGNATURE   SignAble, typed or prior traffic of registrate agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE	AND DIRECTOR Change	RS IN 12 Addition Addition
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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 chapters, with all other like empowered.

COUNTY LA

☐ DELETE

NTED NAME OF SIGNING OFFICER OR DIRECTOR

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

Change

\_\_\_ Addition