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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000032056

1. Corporation Name

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90054 021 ***150.00

ĐUNNA	HUUNEY, P.A.											
Principal Place	of Business	Mailing A	Address				, 1861/251 110 161				,	
10701 SW 30TH PL 10701 SW 30TH PL DAVIE FL 33328 DAVIE FL 33328						1						
DAVIE FL 33328)	UAVIC FL	. 33320				D	O NOT WRI	TE IN TH	IIS SPACE		
			E Co.	Q		0	ate Incorporated 4/06/1998	or Qualifed	, ,			
2. Principal P	ace of Business 2800 2. OCLA	to SR 2a. Maili	ing Address	-			El Number				Appl	ied For
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Suite, Apt.	#, etc.		Apt. #, etc.			- C	ertifcate of Statu	e Desired		+		ditional
22 Sv.	46224	27	mye Joh			3. 0		- Dealled		-, Fee	Requ	uired
City & Stat	Hours on, FI	<u> </u>	& State	£L		1	lection Campaigr	_		•	00 M ed to	lay Be Fees
Zip	Country	Zip		Country	'	8. T	his corporation o	wes the cur	rent year	Intangible		
24 3	3019 25 U.S.A	29	30 1 30				ersonal Property			Yes		□No
	9. Name and Address of Cu	urrent Registered	Agent			10. N	lame and Addre	ss of New	Register	ed Agent		
000	NEW DONNA			81	Name							
	NEY, DONNA			82	Street /	Address (P.C). Box Number is	Not Accept	able)			
	1 SW 30TH PL					· · · · · · · · · · · · · · · · · · ·						
DAVI	E FL 33328			83								!
				84	City					85 2	Zip Co	ode
				1 1	ì .				•			
11. Pursuant	to the provisions of Sections 607	7.0502 and 607.150	08, Florida Statutes, th	ne above	e-named	corporation s	submits this state	ment for the	purpose	or changing	,	gistered
office or r	to the provisions of Sections 607 egistered agent, or both, in the Sm familiar with, and accept the o	State of Florida. Subbligations of, Section	ion 607.0505, Florida S	Statutes	the corpc	oration's boar	or directors. 11	ment for the lereby acce	pt tile ap	pointment a	s regi	stered
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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.

SIGNATURE:

CITY-ST-ZIP