PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

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| Suite, A'xt. | #, etc. | Suite, Apt. #, etc. | _ | | _ | 1. | 5 Certifo | te of Sta | tus Desire | d 🗆 | | | Addition | el l |
| 22 | | 27 | | | | | | | | | | | Rec vired | _ |
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| - | 9. Name and Address of Curr | ent Registered Agent | | 81 | Name | | O. Name | ano Auu | 1035 01 140 | ew Megisti | ELEU A | Jene - | | |
| NAT | IONAL REGISTERED AGENTS, | INC | | ا" | 14aiii | | | | | | | | | |
| 1 | BRICKELL KEY DRIVE | uv. | | 82 | Street A | Ac dress | (P.O. Bo | > Number | is Not Acc | eptable) | | | | - 1 |
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| MIN | MI TE 33131 | | | 84 | City | | | | | | FI | 85 Zip | Cyde | |
| | 007.0 | 700 4007 4508 Florido State | | | named c | or moral | on eubm | i e thie eta | ement for | | | anging i | s register | ed · |
| 11. Pursuant office crr | to the provisions of Scctions 607.0 egistered agent, or bo h, in the Star | te of Florida. Such change was: | uthorized | by th | he corpo | oration's | board of | directors. | hereby a | ccept the a | apr ointr | nent as | eg stered | |
| agent. I a | m familiar with, and accept the obli | gations of, Section 607.0505, Fi | ırida Statu | ites. | | | | | | | | | | |
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| SIGNATURE | B) The second of | and a district of the second o | - Danistared | Anent o | aicontura re | en ent whe | n celetebon | , | | DAT | | | | |
| | Signature, typed or printed ne ne of registered a | | Registered | Agent s | signature re | eqi eed whe | | | NGES TO | OFFICER | | DIRECT | OF:S IN 1 | 2 8 |
| 12. | OFFICERS A | gerif and title if applicable. (MOT ANI.) DIRECTORS | Registered | | signature re | ered whe | | | NGES TO | OFFICER | S , ND | DIRECT | | |
| 12. | OFFICERS A | AND DIRECTORS | 13. | LE . | signature re | eqi and whe | | | NGES TO | | S , ND | | | |
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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 theyspeic er outrustee 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 affect ment with an address, with all other like empowered.

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SIGNATURE AND TYPED OR SELECTOR MANE OF SIGNING OFFICE LOR DIRECTOR

4/2/199

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