PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kathorino Harris

Secretary of State
DIVISION OF CORPORATIONS

Mar 04, 1999 8:00 am Secretary of State

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								3. Date Incorporated or Qualifed			Į	
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	Place of Business		Mailing Address					4. FEI Number	2 i }		Applicable	
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Sulte, Apt	t. #, etc.	⊢	Suite, Apt. #, etc.					5. Certificate of Status Desired		Fee Rec	T I	
22		27	City & State					6. Election Campaign Financing			May Be	
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23 Zip	Country		<u>ـــ حــــــ حـــــــــــــــــــــــــ</u>	Co	นกขา		<u> </u>	- 8This corporation owes the current ye		-		
24	25	29	_	30	,			Personal Property Tax.	ĽΥ		DNo	
Z*	9. Name and Address of Curr		red Agent	11	\top			10. Name and Address of New Regis	ered Agent			
					81	Name		2			ļ	
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833	9 Garden gate place				02	SUPBLA		SS (F.O. DOX Hamber is not Acceptable)				
BO	CA RATON FL 33433				83	****					1	
]									85	Zip C	ode -	
ł					84	City			FLI			
11. Pursuan	t to the provisions of Sections 607.0	502 and 607	7.1508, Florida Statut	tes, the	above	-named	corpor	ation submits this statement for the purpo	se of chang	ing its	registered	
office or	registered agent, or both, in the State	te of Florida	. Such change was a section 607,0505. Flo	outhorize orida Sta	ed by stutes	the corpo	ration	ation submits this statement for the purp 's board of directors. I hereby accept the	appoinunen	11 43 10	,1516160	
		gallorio or, c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			•					ļ	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if a	pplicable (NOTE	E: Registers	ed Aper	i signatura re	quired	and recommends	ΝĚ			
12.	OFFICERS /	AND DIREC		13) <u>.</u>			ADDITIONS/CHANGES TO OFFICE				
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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.

CICNATURE

SIGNATURE AND TYPED OR PRINTED HANG OF BIGHING OFFICER OR DIRECTOR

/3/99

561- 964-8138