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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPASTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

FILED May 24, 1999 8:00 am Secretary of State

05-24-1999 90025 016 \*\*\*150.00

1. Corporation	MENT # 298 000043816 VOK					
COLO Principal Place			-			
	Cotal Ridge Dr.					
Soute 162 coral Springs FL 3307/			DO NOT WRITE IN THIS SPACE			
cora	Springs FL 3307/		3. Date Incorporated or Qualifed			
2. Principal P	tace of Business A 2a. Mailing Address		4. FEI Number	App	plied For	
21 144D (Dral Ridge Dr. 26)			1115-08-51	Not	t Applicable	
Suite, Apt.	#, etc. Suite, Apt. #, etc.	`	5. Certifcate of Status Desired	\$8.75 A	1	
22 (0)	27		S. Schilledic of States States	Fee Re	<u> </u>	
City & Stat	City & State		6. Election Campaign Financing  Trust Fund Contribution	\$5.00 Added to		
Zip	Country Zip	Country	8. This corporation owes the current year Int			
24 330	76 25 $454$ 29 3	0	Personal Property Tax.		₩No	
	Name and Address of Current Registered Agent	24 1	10. Name and Address of New Registered	Agent		
		81 Name	: Clautan			
		82 Street Add	Iress (P.O. Box Number is Not Acceptable)			
		500	P 100/13th Had			
		83				
		84 City	1 Socions FL	85 Zip C	Code	
11. Pursuant	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes	, the above-named corp	poration submits this statement for the nurnose of	changing its	registered	
office or r	registered agent or both in the State of Florida, Such change was aut	horized by the cornorati	ion's board of directors. I hereby accept the appoi	ntment as rec	gistered	
agent I a	m Smilliar with and accept the obligations of Section 607 0505. Florid	la Statutes	ion's board of directors. Thereby decept the appear	-	1	
	to the provisions of Sections 607,0302 and 607,1306, Priorida Statutes registered agent, or both, in the State of Florida. Such change was aut im familiar with, and accept the obligations of, Section 607.0505, Florida Statutes (CAL)	la Statutes.		<i>99</i>		
agent. I a	( now ( Varston	la Statutes.	ed when reinstating)	17_		6
	Signature, types or printed name of registered aftern and title if applicable. (NOTE: F			D DIRECTO	RS IN 12	1/98)
SIGNATURE	Signature, types or printed names of registered agent and title if applicable. (NOTE: F	legistered Agent signature require	ed when reinstating)	17_		(11/98)
SIGNATURE	Signature, types or printed name of registered Agent and title if a policible. (NOTE: F  OFFICER SAND DIRECTORS  Randl S. Clayton DELETE	egistered Agent signature require  13.  1.1 TITLE  1.2 NAME	ed when reinstating)	D DIRECTO	RS IN 12	
SIGNATURE  12.  TITLE	Signature, Special or printed refreshed Agent and title if applicable. (NOTE: FOR AND DIRECTORS)  Randall S. Clayton Delete  President Tools NW 1/3th Ave	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating)	D DIRECTO	RS IN 12	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, Spot or printed refreshed Agent and title if applicable. (NOTE: FOR AND DIRECTORS)  Rankell S. Clayton Delete  Pros. Court  5008 NW 1/3th Ave  Cocal Spring FL 32076	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ed when reinstating)	ID DIRECTO	RS IN 12	CR2F034 (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 arratachment with an address, with all other like empowered.

SIGNATURE: