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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P98000043899

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| 1. Corporati   | ion Name  | 0000   | 0611  |  |   |               |  | 99                                    | OEC.                  | 20 1   | PM 3: r  | ) <u> </u>                               |
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| 0  | rick it, i  | _ ~ C ,  | •   |  |   |               | SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |                                       |                       |  |  |  |
| -  | ,   |  |   |  |   |               |  | 1141                                  | LAHA                  | ISSEE  | FLORI  | ĎΑ                                       |
| Principal Pla  | ace of Business   | -  | Address   |  |   |               | 1  |                                       |                       |  |  | -,,                                      |
| 1,   |   | 4801 5   | S. UNIVE  | esiT   | ラロブ   | R             | 1  |                                       |                       |  |  | t+                                       |
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| ĺ  |   | DHVI   | E, FL   | <b>&gt;</b> >  | S   | 2             | J. Date n                                  | scorporated or 0                      |                       | Q  |  |  |
| 2. Principal   | Place of Business   | 2a. Mai  | iling Address   |  | <del></del>   |               | 4. FEI Nu                                  |                                       | χ - ,                 | <del>-</del>   | <del></del>  | Applied For                              |
| 21   |   | 26 49  | 201 S VNI   | ver:   | SITY  | Do            |  | 5-093'                                | 721                   | 3  | <del></del>  | Applied For<br>Not Applicable            |
| Suite, Apt   | t. #, etc.  | Suit   | te, Apt. #, etc.  |  | •   |               |  |                                       | <u>/</u>              |  |  | 5 Additional                             |
| 22   | ·   | 27 /   | 19-B  | . <u> </u>   |   |               | 5. Certifca                                | ite of Status De                      | sired                 |  |  | Required                                 |
| City & Sta   | ate   |  | & State   |  |   |               | 6. Election                                | Campaign Fin                          | ancing                |  |  | O May Be                                 |
| 23   |   |  | AVIE F  |  | <u> 333</u>   | <u>28</u>     | <b>}</b>                                   | und Contributio                       | -                     |  | · ·  | d to Fees                                |
| Zip  | Country   | Zip  |   | Count  |   |               | 8. This co                                 | rporation owes                        | the curre             | nt year Ir   | ntangible  |  |
| 24   | 25  | 29 3   | <u> </u>  | 30   | <u>12U</u>  | <b>`</b>      | Person                                     | al Property Tax                       |                       |  | Yes  | ₩No                                      |
| ~ <del>-</del> -   | 9. Name and Address of Cu   |  |   | -  | 1 Name  |               | 10. Name                                   | and Address o                         | f New Re              | gistered   | d Agent  |  |
| MC   | L WORLD WIR   | <i>حر ک</i> ے ہم   | <b>e</b> .  | Ľ  | 11 Name   | •             |  |                                       |                       |  |  |  |
| 480  | OI S UNIVER   | 10 YTIZ  | 2-119-13  | 8  | 2 Street  | Addres        | s (P.O. Box                                | Number is Not                         | Acceptab              | ole)   |  | <del></del>                              |
| . •  | •   |  |   | 8  | 3   |               |  |                                       |                       |  |  |  |
| $\mathcal{L}_{\mathcal{A}}$  | AUIE, FL  | >>5 4  | <b>-8</b>   | 8  | 4 City  |               |  |                                       |                       |  | Total 7:   |  |
|  | ■ I   |  |   | J 🕶  | **   Ulti   |               |  |                                       |                       | FL   | 85   Zij   | p Code                                   |
|  |   |  |   | _i   |   |               |  |                                       |                       | - FL   | _ 1 ]  |  |
| 11. Pursuant   | t to the provisions of Sections 607   | 7.0502 and 607.15  | 08, Florida Statute:                                      | s, the above   | ve-named  | f corpore     | ation submits                              | this statement                        | for the p             |  | <u> </u>   | its registered                           |
|  | t to the provisions of Sections 607<br>registered agent, or both, in the S<br>am familia, with, and accept the ol                             |  |   |  |   | corporation's | ation submits<br>'s board of d             | s this statement<br>rectors. I hereb  | for the p             |  | <u> </u>   | its registered<br>registered             |
|  | am familiac with, and accept the ol   | obligations of, Section  | ion 607.0505, Flori                                       | thonzed by<br>da Statute   | y the corp<br>ss.   | oration:      | s board of di                              | s this statement<br>rectors. I hereb  | for the p<br>y accept |  | <u> </u>   | its registered<br>registered             |
| agent. I a   | am familiar with, and accept the ol   | bligations of, Section of the sectio | ion 607.0505, Florid                                      | thonzed by<br>da Statute<br>Registered Ag  | y the corp<br>ss.   | oration:      | s board of di                              | rectors. I hereb                      | y accept              | urpose of the appo   | f changing i<br>pintment as  | registered                               |
| agent. I a   | am familiar with, and except the ol   | obligations of, Section  | ion 607.0505, Florid<br>) . (NOTE: F                      | da Statute Registered Age  | y the corp<br>3S.<br>ent signature  | oration:      | s board of di                              | s this statement<br>frectors. I hereb | y accept              | urpose of the appo   | f changing in pintment as 9 9 ND DIRECT  | registered                               |
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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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to effect 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 another like empowered.

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NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #