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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

indicated on this annual report	or supplemental annual repo	rt is true and accurate	and that my
officer or director of the corpor	ation or the receiver or truste	e empowered to exec	ute this repo
Block 12 or Block 13 if change	d, or on an attachment with a	ın address, with all ett	ger like empo
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SIGMA	TURE AND TYPED OR PRINZED NAME	OF BROWING OFFICER OR	DIRECTOR
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•	1999		DIVISION OF CO	RPORATIONS			
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Principal Place	a of Business	Mailing	Address	,	. I special tracellar to the same same same		
639 EAST OCE	an avenue		T OCEAN AVENUE			•	
SUITE: 409 BOYNTON BEA	CH FL 33435	SUITE 4 BOYNTO	ub XN Beach FL 33435		DO NOT WRITE IN THI	S SPACE	_
DOM: ON DOM	orric arraci				3. Date incorporated or Qualified		
n District	ters of Business	2a. Mai	ling Address		4, FEI Number	Applied For	٦,
2, Principal P	lace of Business	28. mai	in A variage			Not Applicable	3
Suite, Apt.	#, etc.		e, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	7
22	· · · · · · · · · · · · · · · · · · ·	27			S. Conticate of Duties Desired	Fee Required	4
City & Stat	8		& State		Election Campaign Financing Trust Fund Contribution	_\$5.00 May Be Added to Fees	
23 Zip	Country	28 Zip		Country	8. This corporation owes the current year in		7
24	25	29	3	o	Personal Property Tax	☐Yes ☐No	1
·	9. Name and Address of	f.Current Registered	l Agent	24 1	10. Name and Address of New Registered	d Agent	-
Wind	DLLEY, THOMAS J JR	to the employed the Tribert	• *	81 Name	· · · <u> </u>		1
	EAST OCEAN AVENUE			82 Street Add	ress (P.O. Box Number Is Not Acceptable)	• :	
	E 408	•	•	83	PARTY MENTERS	TERROR DESIGNATION	1
BOY	NTON BEACH FL 33435	.	• .	24 59	<u> </u>	85 Zip Code	-
•				84 City	<u>F</u> I	L - -	
11 Pursuant	to the provisions of Sections	607.0502 and 607.10	508, Florida Statutes	the above-named con	poration submits this statement for the purpose of on's board of directors. I hereby accept the apprint	of changing its registered pintment as registered	}
Secondary a	m familiar with, and accept th	e obligations of, Sec	tion 607.0505, Florid	la Statutes.	•		
SIGNATURE	Signature, typed or printed name of regi	erana ana and dela Manali	(NOTF: P.	egistered Agent signature requir	ed when /einstacing) DATE		1_
12.			Marie 1				1 5
	. 0110	ERS AND DIRECTO	RS	13.	ADDITIONS/CHANGES TO OFFICERS A		
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is section in Section 119.07(3)(i). Florida Statutes, I further certify that the information y signature shall have the same legal effect as if made under ceth; that I am an ort as required by Chapter 607. Florida Statutes; and that my name appears in owered.

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