**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000046553

7407 S.W. 14	CE Of Business PLACE ERDALE FL 33068	7407 S.1	Address W. 14 PLACE LAUDERDALE FL	33068		3. Date i	DO NOT reorporated or Qual 1/1998	WRITE IN TH		
2. Principal	Place of Business	2a. Mai	ling Address			4. FEI N	lumber			Applied For
1		26				6.5	-06412	<u> </u>		Vot Applicable
Suite, Apt	t. #, etc.	<del> </del>	te, Apt. #, etc.			5. Certifo	cate of Status Desir	ed 🗋		Additional Required
2)			& State			- Class	e e Campaign Cinar			0 May Be
— City & €ta		_ <b>⊢</b>			<u> </u>		cn Campaign Finan Fund Contribution			d to Fees -
Zip	Country	28 Zip		Coun	try		exporation owes the	current year !		
ก็	25	29		30			nal Property Tax.		Yes	<u> ₹v°</u>
<del></del>	9. Name and Address of Curre		d Agent				and Address of N	ew Registers	d Agent	
1 Pursus n	1 to the provisions of Sections 607.05	07 and 607.15	508 Florida Statu	1	City	moration subm	is this statement fo	r the purpose of		Code
office of agent, I	registered agent, or both, in the State am familiar with, and accept the oblig-	orf Florida. Se at ons of, Sec	uch change was tion 607.0505, FI	authorized l orida Statut	by the corporat	tion's board of	directors. I hereby	accept the apr	ointment as	registered
	I to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig.							accept the app	ointment as	registered
SIGNATUF:E	Signature, typed or printed name of registered ag-	ent and title if applic	cable. (NOT	5: Registered A		red when reinstaling	)	DATE		
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CITY-ST-ZIP 14. Hereb / 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 or derivative that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as recuired 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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NAME

STREET ADDRE 3S

964-718-1720

Apr 27, 1999 8:00 am Secretary of State

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