PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Kathorine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # PORODOSOSTO

Mar 12, 1999 8:00 am Secretary of State 03-12-1999 90016 005 ***600.00

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			200 SOUTH BISCAYN FIRST UNION FINANC			ļ			
MIAMI FL 33131		MIAMI FL 33131		DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualified		1	
	·					06/05/1998			
2. Principal Place of Business			2a. Mailing Address			Applied For Applied For			
			26		65-00+10-		ot Applicable		
	Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired See Required			
City B State		27 City & State 28			6: Election Campaign Financing S.00 May Be				
City & State									
Zip	Coun	itry	Zip	Col	untry	8. This corporation owes the curre			
24]	25	3	29	30		Personal Property Tax.	Yes _	⊠ No	
<u> </u>	9. Name and Add	ress of Current	<u> </u>	144	T	10. Name and Address of New R	legistered Agent		
					81 Name				
RICHEY, WILLIAM L 200 SOUTH BISCAYNE BOULEVARD					82 Street Add	dress (P.O. Box Number is Not Accepta	P.O. Box Number is Not Acceptable)		
FIRST UNION FINANCIAL CENTER #		AL CENTER #3	3100		B3	#21/1			
MIAN	AI FL 33131				- City	· P 340U	7 3 4 S U = . 85 Zip Code		
					84 City		FL 85 Zip	[
11. Pursuant	to the provisions of Se	ctions 607.0502	and 607.1508, Florida S	tatules, the a	bove-named cor	poration submits this statement for the	purpose of changing its	registered	
11. Pursuant office or r agent. I a SIGNATURE						poration submits this statement for the tion's board of directors. I hereby accepted when reinstating)	purpose of changing its at the appointment as re		
	Signature, typed or printed nar		and title if applicable.		bove-named cord by the corporat rutes.		purpose of changing its it the appointment as re		
SIGNATURE	Signature, typed or printed nar	me of registered agent	and title if applicable.	(NOTE: Registered	i Agent signature requir	red when nematating)	purpose of changing its it the appointment as re		
SIGNATURE	Signature, typed or printed na	me of registered agent OFFICERS AND	and itsle if applicable. DIRECTORS	(NOTE: Registered	Agent algnature requir	ADDITIONS/CHANGES TO OFF	purpose of changing its at the appointment as re		
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reported on this armost report of supperhental annual report is due and accessed and that may find the corporation of the receiver or trustee empowered to exclude this report as required by Chapter 80.7, 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 empoyered.

SIGNATURE: SIGNATURE REQUIRE SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM C. SICHEY, P. C.