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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Feb 01, 1999 8:00 am Secretary of State 02-01-1999 90055 022 ***150.00

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1							3. Date Incorporated or Qualified			Ì
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2. Principal P	Tarce of Dustin	1622	26	aning Address			59-28	08040	Not Applicable	le
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22	·		27				5. Certificate of Status Cesireo	<u>, </u>	ee Required	_
City & Stat	te .			ty & State		~	6. Election Campaign Financing		ded to Fees	- <u>-</u> .
23		Country	28 Zip		Cov	untry	8. This corporation owes the cur			\dashv
Zip 24	ſ	25	29	,	30	 ,	Personal Property Tax.	Ye		
24		and Address of Cui		d Agent			10. Name and Address of New	Registered Agent		
			,			81 Name	·			- {
	MOHAMM					82 Street Add	dress (P.O. Box Number is Not Accept	able)		
	04 N. 121H IPA FL 3361	ST., STE. 5				83		gold Richer		<u></u>
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						84 City	10 3 3 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	FI 85	Zip Code *****	!.
11. Pursuant	to the provis	ions of Sections 607.	0502 and 607.1	508, Florida Stat	utes, the a	-	poration submits this statement for the	FL []	•	
t1. Pursuant office or r	to the provis	ions of Sections 607. ent, or both, in the St th, and accept the ob	0502 and 607.1 ate of Florida. S ligations of, Se	508, Florida Stat Such change was ction 607.0505, F	tutes, the a authorized	bove-named cor	rporation submits this statement for the tion's board of directors. I hereby acce	FL []	•	
agent)a	to the provis registered ag on familiar wi	ions of Sections 607, ent, or both, in the St th, and accept the ob	0502 and 607.1 ate of Florida. S ligations of, Sec	CUON QU7.0303, F	TOTIQUE GLAN	above-named cord by the corporal tutes.		purpose of changi pt the appointment	•	1
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14. I hereby certify that the information supplied with this filling 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 given attacyment with an address, with all other like empowered.

PRINTED HAME OF SIGNING OFFICER ON DIRECTOR SIGNATURE: MAN THE SHATURE AND THE

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