PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 06, 1999 8:00 am Secretary of State

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BOCA RATON	FL 33431	BOCA RATON FL 33	3431			DO NOT IA	RITE IN THIS	SDACE		
					3 Date in	corporated or Qualif		SPACE		
	•				06/08		-			
2. Principal P	Place of Business	2a. Malling Addres	5	·····	4, FEI Nu				Applied For	
ī]		26							Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, et	tc.		5. Certifca	te of Status Desired			5 Additional	
2		27 Cit (8 State							Required	
City & Stat	te	City & State				n Campaign Financir und Contribution	9		00 May Be ed to Fees	
3∤ Zip	Country	Zip	Count	try		rporation owes the c	urrent year int			
4	25	29	30			al Property Tax.		Yes	DO NO	
	9. Name and Address of Current				10. Name :	and Address of New	v Registered	Agent		
	COONE OCIECTE		18	31 Name						
LAVERGNE, CELESTE 439 N.E. 33RD STREET		ļī.	32 Street Add	ess (P.O. Box Number is Not Acceptable)						
BOCA RATON FL 33431			,	B3						
500	771 13 11 Q11 1 & VV TV 1		1							
			[8	34 City			FL	85 Z	ip Code	
4 Purpuset	to the provisions of Sections 607.0502	and 607 1508. Florids	Statutes, the abo	um named corr	poration submits	s this statement for t	ne numose of	changing	its registered	
woudill	and the province of control of the Chair			Madellan corr						
office or i	registered agent, or both, in the State to	of Florida, Such change	was authorized to	by the corporation	on's board of d	irectors. I hereby ac	cept the appoir	ntment as	registered	
	to the provisions of Sections 607,0502, registered agent, or both, in the State of am familiar with, and accept the obligation	of Florida, Such change ions of, Section 607.050	was authorized t 05, Florida Statut	by the corporations.	on's board of d	irectors. I hereby ac	cept the appoin	ntment as	registered	
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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 informationated 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 on an attachment with an address, with all other like empowered.

IGNATURE: (1) 368_3/1.