PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Kathorine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90151 041 ***150.00

DOCUMENT	# P9	98000	055997

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Principal Place		Mailing Addi						•			
842 SE 19TH AVE STE 3 DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441		4 11	\$ 1			DO NOT WRI	TE IN THIS S	PACE_			
								rated or Qualifed			
							06/23/199				
2. Principal Pla	ce of Business	2a. Malling /	Address				4. FE) Number	84663	9		plied For at Applicable
Suite, Apt. #	, etc.	Suite, Ap	pt. #, etc.				5. Cartificate of	Status Desired	0		Additional equired
City & State		27 City & S	tale				6. Election Car	npaign Financing		\$5,00	May Be
23		28					Trust Fund (• •		Added	to Fees
Zi,ə	Country	Zip		Cou	intry		8. This corpora	tion owes the cum	rent year Inta		_
24	25	29		30			Personal Pr			Yes	□No
	9. Name and Address of	of Current Registered Age	ent		ļ		10. Name and	Address of New I	Registered'A	gent	
0001	LA TOLOGO				81	Name					
	, KIMBERLY				82	Street Add	ress (P.O. Box Num	ber is Not Accept	eble)		
	se 19th ave ste 3 Frield Beach FL 3344	•			83			-			
UCER	FIELD DEACH FL 3344	'			83						
					84	City			Fì_	85 Zip	Code
					1 1						
11. Fursuant to	o the provisions of Sections gistered agent, or both, in t	607.0502 and 607.1508. the State of Florida. Such of Section of Section	Florida Statu hange was a	ites, the a authorized	bove-r	named corp e corporati	poration submits this ion's board of direct	statement for the ors. I hereby acce	purpose of c pt the appoin	tranging its	gistered gistered
CICNIATURE	o the provisions of Sections gistered agent, or both, in t familiar with, and accept t						ad when reinstating)		DATE		
CICNIATURE	Signature, typed or printed name of re-	gistered agent and title if applicable. CERS AND DIRECTORS	(NO II				ad when reinstating)	statement for the ors. I hereby acce	DATE	DIRECT	ORS IN 12
SIGNATURE	Signature, typed or printed name of reOFFI(gistered agent and title if applicable. CERS AND DIRECTORS		E: Registered	d Agent s		ad when reinstating)		DATE		
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I hereby certify that the information supplied with this little and the minimal report or supplied with this little and decurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 637. Florida Statutas; 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.