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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000056134

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90098 037 ***150.00

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Principal Place of Business	Mailing Address			UDER 1 9194 BARIN BARN AND ALERA BERA F	10:
2000 N. FLORIDA MANGO RD., STE. 200	2000 N. FLORIDA MANGO R	RD., STE. 200			
W. PALM BEACH FL 33409	W. PALM BEACH FL 33409		DO NOT WRITE	E IN THIS SPACE	
			3. Date Incorporated or Qualifed	114 110 017102	
			06/19/1998		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 21'S FIFTU S)	26 2-15 FIFA S	ร์	65 0858385	Nct Applica	
Suite, Apt. #, etc. 22 SV Y & 1 08	Suite, Apt. #, etc.		5. Certificate of Status Desired	☐ \$8.75 Additional Fee R€quired	
City & State	City & State		6. Election Campaign Financing	55.00 May Be	\Box
23 WEST BALM GEDEN FL	28 WEST POLY	BEDOOD FL	Trust Fund Contribution	Added to Fees	
24 Zip Country 25 LISA	Zip 29 3340)	Country	This corporation owes the current Personal Property Tax.	it year Intangible ☐ Yes ☐ No	
9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Re	gistered Agent	
IONES POENT A		81 Name			
Jones, Brent A 220 S. Franklin St.		82 Street Add	ress (P.O. Box Number is Not Acceptable	le)	
720 3. FRANKLIN 31. TAMPA FL 33602					
MMFA FL 33002		83			Ì
		84 City		85 Zip Code	
	1007/000 51 11 01 1		time the heating statement for the same	FL I	-d
11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State	of Florida. Such change was auf	thorized by the corporati	on's board of directors. I hereby accept	the appointment as registered	٠.
agent. I am familiar with, and accept the obliga	ations of, Section 607.0505, Fori	da Statutes.			
					İ
SIGNATURE		Registered Agent signature require	ed when reinstating	DATE	ļ
SIGNATURE Signature, typed or printed in me of registered age			ed when reinstating ADDITI ONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	
SIGNATURE Signature, typed or printed nome of registered age	in and title if applicable. (NO E: F	Registered Agent signature require 13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFI		
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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 innual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that the afficer 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 attach ment with an address, with all other like empowered.

SIGNATURE:

SIGNAL RE AND TYPED OR FRINTED NAME OF SIGNING OFFICE OR DIRECTOR

56/832 4050