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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State 05-05-1999 90032 020 ***150.00

DOCUMENT #	P98000060465
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1. Corporation Name

STREET ADDRESS

MAGNOL	LIA TREE	VENTURES, INC.											
Principal Place	e of Busines:	<u> </u>	Mailir	ng Address				\dashv) (00 1/ 00 1)(0 (010 1 /0 1/) 40 /((4.0121.00211.0011	.		1 811) (98)
				-									
5310 N.W. 33RD AVENUE 5310 N.W. 33RD AVENUE SUITE 219													
FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309				DO NOT WRITE IN THIS SPACE									
								3.	Date Incorporated or Qualife	ed			
			_						07/08/1998				
2. Principal Pl	lace of Busir	ness	2a. M	lailing Address			-	4.	FEI Number			Applie	d For
21			26										plicable
Suite, Apt.	#, etc.		Sı	uite, Apt. #, etc.				5.	Certificate of Status Desired			5 Addi	
22			27						<u> </u>			Reguir	
City & State	е		_	ity & State				6.	Election Campaign Financin	9 🗆		00 May	
23			28	 					Trust Fund Contribution			ed to Fe	ees
Zip	1	Country	Zi	ıp	Coun	ntry		8.	This corporation owes the co	urrent year Ir	itangible Yes	M	No
24		25	29		30				Personal Property Tax. Name and Address of Nev	v Pagistarea			
	9. Name	and Address of Currer	nt Register	ea Agent		81	Name		Maine and Address of Nev	Registered	Agent		
BATO	CHELDER.	DRAKE M ESQ.											
		OLAS BLVD.				82	Street Add	dress (P	P.O. Box Number is Not Acce	ptable)			
	E 950					83			<u>,</u>				
_		LE FL 33301			}	33							
						84	City				85 Z	ip Code	e
				4500 Flyida State					a submite this statement for t	F I	f changing	ite rea	ietorad
11. Pursuant	to the provis	gent, or both, in the State	of Florida.	Such change was	authorized	by th	named com ne corporal	tion's bo	n submits this statement for to pard of directors. I hereby acc	cept the appo	pintment as	registe	ered
agent. I a	m familiar w	ith, and accept the obliga	ations of, Se	ection 607.0505, Flo	orida Statu	tes.							
agent. I a													
SIGNATURE		or printed name of registered age	ent and title if ap	plicable. (NOTI	E: Registered /			red when re	einstating)	DATE			
SIGNATURE	Signature, typed		ent and title if ap	plicable. (NOTI	E: Registered /	Agent s		red when re		DATE		TORS	
SIGNATURE 12. TITLE	Signature, typed	or printed name of registered age OFFICERS AN	ent and title if ap	plicable. (NOTI	E: Registered A	Agent s		red when re	einstating)	DATE	ND DIREC	TORS	IN 12
SIGNATURE 12. TITLE NAME	Signature, typed D BARBER,	OFFICERS AN	ent and title if ap ND DIRECT	plicable. (NOTI	13. 1.1 TITU 1.2 NA	Agents LE ME	signature requi	red when re	einstating)	DATE	ND DIREC	TORS	IN 12
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14. 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 information indicated on this annual report or suppliemental 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 of 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 shapeded, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE