PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000065435

Apr 08, 1999 8:00 am Secretary of State

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						3. [ate Incorporated or Qu	alifed		
						(7/27/1998			}
2. Principal P	lace of Business	2a. Mailing Add	ress			4. F	El Number			Applied For
21		26					65-08524	21		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.	-		5. (Certifcate of Status Des	ired - 🗌		5 Additional Required
City & Stat	te .	City & State				6. E	lection Campaign Fina	ncing	\$5.0	0 May Be
23		28				- 1	rust Fund Contribution			ed to Fees
Zip	Country	Zip		Country		8. 7	his corporation owes th	e current yea	ar Intangible	إي
24	25	29	30				ersonal Property Tax.		Yes	XNo
	9. Name and Address of Curr	rent Registered Agent				10. 1	iame and Address of	New Registe	ered Agent	
A14F	ON ANAMED			81	Name					ĺ
	RILAWYER			82	Street A	ddress (P.0). Box Number is Not A	cceptable)		
	ALMERIA AVENUE						<u>·</u>			
COR	RAL GABLES FL 33134			83	}					· ·
	·			84	City				85 Zi	ip Code
	to the provisions of Sections 607.0			1 1	}				FL } _	
	to the provisions of Sections 607.0 registered agent, or both, in the Star am familiar with, and accept the obli-	igations of, Section 607.	.0505, Florida 🤄	Statutes.						
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable.				quired when rein		DAT		
SIGNATURE		AND DIRECTORS	(NOTE: Regis			quired when rein		DAT	s AND DIREC	TORS IN 12
	OFFICERS /	AND DIRECTORS	(NOTE: Regis	stered Agen		quired when rein	stating)	DAT	re	TORS IN 12
12.	PD ZAMPARDI, PAUL	AND DIRECTORS	(NOTE: Regis	stered Agen		quired when rein	stating)	DAT	s AND DIREC	TORS IN 12
12.	OFFICERS A PD ZAMPARDI, PAUL 3335 NORTH UNIVERSITY DI	AND DIRECTORS	(NOTE: Regis	13.	nt signature rec	quired when rein	stating)	DAT	s AND DIREC	TORS IN 12
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indicated on this annual report or supplied with mis liming does not qualify for the exemption stated in Section 118.07(3)(f), Fronda Statutes. If 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 of 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR