FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000066295

1. Corporation Name

1207 UNIVERSITY DR. CORAL SPRINGS FL 33065 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. City & State 1207 UNIVERSITY DR. CORAL SPRINGS FL 33065 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. City & State 1207 UNIVERSITY DR. CORAL SPRINGS FL 33065	SPRINGS FL 33065 CORAL SPRINGS FL 33065 Incipal Place of Business 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 City & State	Principal Place of	f Business	Mailing Address			
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27	26						
Suite, Apt. #, etc. Suite, Apt. #, etc. 27	te, Apt. #, etc. 27 y & State City & State 28 Country Zip Country 25 29 30 9. Name and Address of Current Registered Agent	_	e of Business	<u> </u>	s		
	City & State	Suite, Apt. #,	etc.	Suite, Apt. #, e	tc.		F
	Country Zip Country 25 29 30 9. Name and Address of Current Registered Agent	City & State		City & State			
	9. Name and Address of Current Registered Agent		Country*		Cou	intry	
		24	11		30	1	
TRICK, WILLIAM WATSON JR		1216 F	. ATLANTIC BLVD., STE. 7			82	Street Ac

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90002 034 ***150.00

Principal Place of Business	Mailing A	.ddress					E TORSIONE IFO SURAN COURT DURIN MONIC MONIS MARIN	AINE BUILD IN		
•										
1207 UNIVERSITY DR. CORAL SPRINGS FL 33065 1207 UNIVERSITY DR. CORAL SPRINGS FL 33065										
OURSE OF RINGS FE SOOS							DO NOT WRITE IN THIS SPACE			
						3.	Date Incorporated or Qualifed			
							07/27/1998			
2. Principal Place of Business	2a. Mailir	ng Address				4.	FEI Number	1	Applied For	
21	26						65-0854348		Not Applicable	
Suite, Apt. #, etc.	Suite	, Apt. #, etc.				5	Certificate of Status Desired		Additional	
22	27				•				Required -	
City & State	— ·	& State				6.	Election Campaign Financing		May Be	
23	28					_	Trust Fund Contribution		d to Fees	
Zip Country	Zip			untry		8.	This corporation owes the current year Int	angible Yes	□No	
24 25	29		30	т—		l_	Personal Property Tax.	<u> </u>		
9. Name and Address of C	urrent Registered	Agent		81	Nomo	10	Name and Address of New Registered	Agent		
TDICK MAILLAM MATCON ID				"	Name					
TRICK, WILLIAM WATSON JR 1216 E. ATLANTIC BLVD., STE.	7			82	Street Add	dress (i	P.O. Box Number is Not Acceptable)			
•	1									
POMPANO BEACH FL 33060				83						
•				84	City		,	85 Zij	p Code	
				Ш			FL	-	14	
11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the sagent. I am familiar with, and accept the company.	State of Florida, Suc	ch change was a	utnorize	abv:	tne corpora:	rporation tion's b	on submits this statement for the purpose of poard of directors. I hereby accept the appoi	changing in ntment as	registered	
SIGNATURE	_									
Signature, typed or printed name of register	ed agent and title if applical	ble. (NOTE	Ponistoro	4 4	t signature requi		reinstatino) DATE			
OFFICE OF O			1109,310.0	и Адеп	t algitatore requi					
<u> </u>	S AND DIRECTOR	S	13.		t algitations requi		ADDITIONS/CHANGES TO OFFICERS AN			
TITLE D					t agradute requi			ID DIRECT		
TITLE D NAME WELLS, RAYMOND SCOTT		S	13. 1.1 T 1.2 N	ITLE IAME						
TITLE D WELLS, RAYMOND SCOTT STREET ADDRESS 1207 UNIVERSITY DR.	ſ	S	13. 1.1 T 1.2 N	ITLE IAME	ADDRESS					
TITLE D NAME WELLS, RAYMOND SCOTT	ſ	S DELETE	13. 1.1 T 1.2 N 1.3 S 1.4 Č	ITLE IAME TREET	ADDRESS			Change	e Addition	
TITLE D WELLS, RAYMOND SCOTT STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 3306	ſ	S	13. 1.1 T 1.2 N 1.3 S	ITLE IAME TREET	ADDRESS				e Addition	
TITLE D NAME WELLS, RAYMOND SCOTT STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 3306	ſ	S DELETE	13. 1.1 T 1.2 N 1.3 S 1.4 Č	ITLE IAME TREET	ADDRESS			Change	e Addition	
TITLE D NAME WELLS, RAYMOND SCOTT STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 3306 TITLE	ſ	S DELETE	13. 1.1 T 1.2 N 1.3 S 1.4 Č 2.1 T 2.2 N	ITLE IAME TREET STY-ST ITLE IAME	ADDRESS			Change	e Addition	
TITLE D NAME WELLS, RAYMOND SCOTT STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 3306 TITLE NAME	ſ	DELETE	13. 1.1 T 1.2 N 1.3 S 1.4 Č 2.1 T 2.2 N 2.3 S 2.4 4	ITLE IAME ITREET ITLE IAME ITREET ITLE IAME ITREET	ADDRESS 1-ZIP ADDRESS			Change	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS D WELLS, RAYMOND SCOTT 1207 UNIVERSITY DR. CORAL SPRINGS FL 3306	ſ	S DELETE	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C	ITLE IAME TREET TILE IAME TREET TILE IAME TREET	ADDRESS 1-ZIP ADDRESS			Change	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ſ	DELETE	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C	ITLE IAME ITREET ITLE IAME ITREET ITLE IAME ITREET	ADDRESS 1-ZIP ADDRESS			Change	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ſ	DELETE	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 4 3.1 T 3.2 N	ITLE IAME ITREET ITLE IAME ITREET ITLE IAME ITREET ITLE ITTLE IAME	ADDRESS 1-ZIP ADDRESS			Change	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ſ	DELETE	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C	ITLE IAME ITREET ITLE IAME ITREET ITLE IAME ITREET ITLE IAME ITREET ITRE	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS ADDRESS			Change	e Addition e Addition e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ſ	DELETE	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 I 3.1 T 3.2 N 3.3 S	ITLE IAME ITREET ITLE IAME ITREET ITLE IAME ITREET ITLE IAME ITREET ITRE	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS ADDRESS			Change	e Addition e Addition e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ſ	DELETE	13. 1.1T 1.2N 1.3S 1.4C 2.1T 2.2N 2.3S 2.44 3.1T 3.2N 3.3S 3.4.6 4.1T	ITLE IAME ITREET ITLE IAME ITREET ITLE IAME ITREET ITLE IAME ITREET ITRE	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS ADDRESS			Change	e Addition e Addition e Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE	ſ	DELETE	13. 1.1T 1.2N 1.3S 1.4C 2.1T 2.2N 2.3S 2.41 3.1T 3.2N 3.3S 3.4.6 4.1T 4.21	ITLE AME TREET TITLE AME TREET TITLE AME TREET TITLE	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS ADDRESS			Change	e Addition e Addition e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	ſ	DELETE DELETE	13. 1.1T 1.2N 1.3S 1.4C 2.1T 2.2N 2.3S 2.41 3.1T 3.2N 3.3S 3.4.6 4.1T 4.21 4.3S	ITLE IAME ITREET ITLE IAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP			Change	e Addition e Addition e Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS	ſ	DELETE	13. 1.1T 1.2N 1.3S 1.4C 2.1T 2.2N 2.3S 2.41 3.1T 3.2N 3.3S 3.4.6 4.1T 4.21 4.3S 4.4C 5.1T	ITLE IAME ITREET ITLE ITTLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP			Change	e Addition e Addition e Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ſ	DELETE DELETE	13. 1.1T 1.2N 1.3S 1.4C 2.1T 2.2N 2.3S 2.44 3.1T 3.2N 3.3S 3.4.6 4.1T 4.21 4.3S 4.4C 5.1T 5.2N	TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP			Change	e Addition e Addition e Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE	ſ	DELETE DELETE	13. 1.1T 1.2N 1.3S 1.4C 2.1T 2.2N 2.3S 2.44 3.1T 3.2N 3.3S 3.4.6 4.1T 4.21 4.3S 4.4C 5.1T 5.2N	TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP			Change	e Addition e Addition e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ſ	DELETE DELETE DELETE	13. 1.1T 1.2N 1.3S 1.4C 2.1T 2.2N 2.3S 2.41 3.1T 3.2N 3.3S 3.4.6 4.1T 4.21 4.3S 4.4C 5.1T 5.2N 5.3S	TITLE AME TREET TITLE AME TREET AME TREET CITY-S TITLE VAME TREET CITY-SI TITLE VAME TREET CITY-SI TITLE AME TREET CITY-SI TITLE AME TREET CITY-SI TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP			Change Change	e Addition e Addition e Addition e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ſ	DELETE DELETE	13. 1.1T 1.2N 1.3S 1.4 Č 2.1T 2.2N 2.3S 2.44 3.1T 3.2N 3.3S 3.4.4 4.1T 4.21 4.3S 4.4 C 5.1T 5.2N 5.3S 5.4 C 6.1T	TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP			Change	e Addition e Addition e Addition e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ſ	DELETE DELETE DELETE	13. 1.1T 1.2N 1.3S 1.4 Č 2.1T 2.2N 2.3S 2.44 3.1T 3.2N 3.3S 3.4.4 4.1T 4.21 4.3S 4.4 C 5.1T 5.2N 5.3S 5.4 C 6.1T	TITLE AME TREET TITLE AME TREET AME TREET CITY-S TITLE VAME TREET CITY-SI TITLE VAME TREET CITY-SI TITLE AME TREET CITY-SI TITLE AME TREET CITY-SI TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP			Change Change	e Addition e Addition e Addition e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ſ	DELETE DELETE DELETE	13. 1.1T 1.2N 1.3S 1.4 Č 2.1T 2.2N 2.3S 2.44 3.1T 3.2N 3.3S 3.4.(4.1T 4.21 4.3S 4.4C 5.1T 5.2N 5.3S 5.4C 6.1T 6.2N	ITLE IAME ITREET ITLE IAME ITTE ITTE IAME ITTE ITTE IAME ITTE ITTE IAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP			Change Change	e Addition e Addition e Addition e Addition	

14. 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 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.

SIGNATURE: