AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT, OR STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

## FILED Aug 12, 1999 8:00 am Secretary of State 08-12-1999 90007 045 \*\*\*550.00

•	1999		11.5	DIVISION OF	CORPO	RAT	IONS	08-12-1999 90007 045 ****550.0	O
DOCU 1. Corporatio	MENT #	<sup>‡</sup> P98000	00668	350					
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			9.4 - 191-	4 44					
-	e of Business			ng Address MHNGAN GT					
6115 JOHNSON ST 6115 JOHNSON ST HOLLYWOOD FL 33024 HOLLYWOOD FL 33024								OO NOT INDITE IN THIS SDAGE	
								DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified	
								07/27/1998	
	lace of Busine	<del></del>	2a. Mailing Address				4. FEI Number Applied For Not Applied For		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				S8 75 Additional	<b>⊸</b> −
2	. <del></del> , 616.	- 27					5. Certificate of Status Desired Fee Required		
City & State				City & State				6. Election Campaign Financing \$5.00 May Be	
2in				Zip Cou			<del></del>	Trust Fund Contribution Added to Fees  8. This corporation owes the current year	==
<u>بر</u> ا	¬		<u> </u>		30	<u> </u>		Intangible Personal Property. Yes No	
		nd Address of Curre		ed Agent				10. Name and Address of New Registered Agent	
CDE	AUGIED GI V	nve				81	Name	9	
CREVOISIER, GLADYS 6115 JOHNSON ST							Street	et Address (P.O. Box Number is Not Acceptable)	
HOLLYWOOD FL 33024							<del>                                     </del>		
						City	City 85 Zip Code		
•						1 1		FL [7]	
11. Pursuani office or	t to the provisio	ns of Seetlons 607.050	22 and 607.1 of Florida.	1508, Florida Statuti Such change was	es, the ab authorize	ove d by	named the con	corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered	
egent, L	are famillar with	appropriate oblig	pations of, s	ection 607.0505, FI	orida Sta	utes	š	8/9/95	- {
SIGNATURE	Storette, type		Deand litte If Spi	plicable. (N	OTE: Regist	ered A	gent signet	sture required when reinstating) , DATE	_ ଳ
12,		OFFICERS A	ND DIRECT	- Parising	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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STREET ADORESS							ADDRESS		
ZTY-ST-ZIP					5.4 CI	TY-ST	-ZIP	·	
ITLE				DELETE	6.1 TI			Change Addition	on
VAME	}				8.2 N/		ADDRESS		
STREET ADORESS CITY-SY-ZIP					6.4 CI				
	ertify that the in	formation supplied wit	h this filing d	foes not qualify for t				in section 119.07(3)(i), Florida Statutes, I further certify that the Information	$\neg$
an officer	on this annual i	e corporation or iner	eceiver or to	ustee empowered t	o execute	unat Othis	my sign report	In section 119.07(3)(i), Florida Statutes, I further certify that the Information nature shall have the same legal effect as if made under oath; that I am as required by Chapter 607, Florida Statutes; and that my name appears	
in Block 12	z or block 13 if	crianged of organis	ecoment with	ur an address.		·• - ·	~i\	olalaa	
<b>SIGNAT</b>	URE:	LANCE OF		kr ked			ليا	<u> </u>	_
	" V ~	SIGNATURE AND TYPED O	R PRINTED NA	ME OF SIGNING OFFICER	OR DIREC	TOR		Date Daytime Phone #	- 1