FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS

FILED May 17, 1999 8:00 am Secretary of State

DOCUMENT # POR DUOD 67140				05-17-1999 90047 039 ***150.00
Principal Place	orldwide Res	Mailing Address		
7481	West Dakland	Park Blud	Suite 20	·3
7481 West Oakland Park Blud Snite 203				DO NOT WRITE IN THIS SPACE
Landuhill, FL 33319				3. Date Incorporated or Qualified
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number 6.2 21.2 71.7 Applied For
Same		26 1481 W.	Dakland Parl	
Suite, Apt. #	A - 7	Suite, Apt. #, etc.	203	5. Certificate of Status Desired See Required
City & State		27 34:16 City & State .	<u>w5</u>	
3		28 Lauderhi	11 56	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip 22219	Country	8. This corporation owes the current year Intangible
	25	29 75217	30 USA	Personal Property Tax.
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered Agent
Chris	topher Lavoic		81 Name	e
Chiris	stopher Lavoie W Oakland P.	erk Blud Suite	203 82 Stree	et Address (P.O. Box Number is Not Acceptable)
1481		KIN DIVA		
Laur	duhill, FL 33	319	83	
·	., 55		84 City	85 Zip Code
4 5	10 TO	100 - 1007 AEDD EL-11- DE-1		d corporation submits this statement for the purpose of changing its registered
office or re	gistered agent, or both, in the State	e of Florida. Such change was	authorized by the cor	poration's board of directors. I hereby accept the appointment as registered
agent. I am	n familiar with, and accept the oblig	pations of, Section 607.0505, F	forida Statutes.	
SIGNATURE _	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	TE: Registered Agent signature	e required when reinstating) DATE
2.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TLE	President	DELETE	1.1 TITLE	Change Addition
AME	chris Lavoie		1.2 NAME	
FREET ADDRESS	8040 Cleary B	Wd # 612	1.3 STREET ADDRESS	s
TY-ST-ZIP	OULD CRAME T	Plantation Fr 3332	1.4 CITY-ST-ZIP	
rre		, [] DEFELE	2.1 TITLE	☐ Change ☐ Addition
ME			22 NAME	
REET ADDRESS			2.3 STREET ADDRES	s
TY-ST-ZIP		☐ DELETE	2.4 CITY-ST-ZIP	Change Addition
TLE .			3.1 TITLE 3.2 NAME	
REET ADDRESS			3.3 STREET ADDRESS	
TY-ST-ZIP			34. CITY- ST-ZIP	
TLE		DELETE	4.1 TITLE	☐ Change ☐ Addition
ME		•	4 2 NAME	
REET ADDRESS			4.3 STREET ADDRESS	s
TY-ST-ZIP			4.4 CITY-ST-ZIP	
TLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
AME			5 2 NAME	
FREET ADDRESS			5.3 STREET ADDRESS	5
TY-ST-ZIP		□ DELETE	5.4 CITY-ST-ZIP	Change C Addition
TLE		☐ DELETE	6.2 NAME	Change Addition
ME ADDRESS			6.3 STREET ADDRESS	
REET ADDRESS			6.4 CITY-ST-ZIP	-
TY-ST-ZIP	rtify that the information supplied A		0.7 01.1-01-21	

indicated on this annual report of 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statulas; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: