PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 16, 1999 8:00 am Secretary of State

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Principal Place of Business Mailing Address							
222 N. PALM WAY LAKE WORTH FL 33460 222 N. PALM WAY LAKE WORTH FL 33460		60		DO NOT WRITE IN THIS SPACE			
•	_				3. Date Incorporated or Qualifed 08/03/1998		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number. 65085 294	<i>1</i> ⊢	Applied For Not Applicable
21		Suite, Apt. #, etc.				_ \$8.7	5 Additional
Suite, Apt. i	#, etc.	27	•		5. Certificate of Status Desired		e Required
City & State	8	City & State			- 8. Election Campaign Financing	- p · - \$5.	00 May Bu
23		28			Trust Fund Contribution		ded to Fees
Zip	Country	Zip		intry	8. This corporation owes the curr	rent year Intangible	□No
24	25 25 Cur	29 Pagistand Agent	30	T	Personal Property Tax. 10. Name and Address of New I		<u></u>
	9. Name and Address of Curr	rent Kagistered Agent		81 Name	in tentra nun tentrana di tina		
DAVI	ILA, LUIS			 '	anne (C.C. Poy Mumber in Not Assessed	ahle)	
	N. PALM WAY			82 Street Add	ress (P.O. Box Number is Not Accept		
Z22	LAKE WORTH FL 33460			83			
	E WORTH FL 33460			i i			
	E WORTH FL 33460			RA City		85	Zip Code
LAKE		0502 and 607.1508, Florida S ate of Florida. Such change w igations of, Section 607.0505	Statutes, the a vas authorized 5, Florida Stat	84 City above-named corp d by the corporati	poration submits this statement for the ton's board of directors. I hereby acce	FL	a ite engletored
11. Pursuant office or nagent, I as	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a	igations of, Section 607.0505	5, Florida Stat		ed when reinslating)	purpose of changing the appointment a	g its registered as registered
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I hereby carlify 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 supplemental agental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that is an afford officer or director of the corporation or the receipter or trustee employeered 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.

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SIGNATURE REQUIRE

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