PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

FILED Mar 02, 1999 8:00 am Secretary of State

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Principal Place	e of Business	Mailing Address			LA ALEKA CALAK HEKAT I	tsean radio de da
2308 IMMOKALI		2308 IMMOKALEE P.D.		\		
NAPLES FL 341		NAPLES FL 34110			10.001.00	
				DO NOT WRITE IN TH 3. Date incorporated or Qualified	IS SPACE	
				08/07/1998		
2. Principal P	lace of Business	Za, Mailing Address		4. FEI Number	App	olied For
21 2308		26 2308 Fmm et	calee Rd	59-3530566	Not	Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22		27			Foo Ro	`
City & State		City & State	FI	Frust Fund Contribution	: - 	,
23 Nap1	Country	Zip 77 (AD1755)	Country	8. This corporation owes the current year i		
24 34116	— A . I .	29 34/10 3	_ // //	Personal Property Tax.		□N ₀
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registers	d Agent	
000	DODATION CEMACE COMPANY		81 Name	Well BOVANA	العد التي ال الرقة ومرسول إليادات	~ :
	PORATION SERVICE COMPANY HAYS STREET			ress (P.O. Bey Number is Not Acceptable)	/	,
	AHASSEE FL 32301-2525		83 782	4 Emeralment	# 00 °	
.,	Supposed to seem and a					
			84 City	n ales F	2ip C	ode
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named con	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its	registered
office or n	egistered agent, or both, in the State of the control of the contr	of Florida. Such change was auth ions of Section 807 0505. Florid	horized by the corporati	ion's board of directors. I hereby accept the app	ointment as reg	IS(B) BO
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	Quest Hon	16			Feb 12	1999
SIGNATURE	Signapoli. Typed or printed name of registered apent	and little of applicable. (NOTE: R	egistered Agent signature require	ad when (einstailing) DATE	ren 12,	1999
SIGNATURE	Signapor, hyped or printed merrie of registered agent OFFICERS AND	and title if applicable. (NOTE: R.D. DIRECTORS			ren 12,	1999
SIGNATURE 12. TITLE	Significant System of registered agent OFFICERS AND	and little of applicable. (NOTE: R	egistered Agent signature require 13,	ad when (einstailing) DATE	NO DIRECTO	1999
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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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: