## Apr 08, 1999 8:00 am Secretary of State 04-08-1999 90087 017 \*\*\*150.00

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ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	IMENT#	P 9800 (	0070	843	<b>V</b>							
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Principal Plac	ce of Business		Mailing Addre	ess C	A7 . A				* 6 612	46 <del>7</del> - 90009	-647	<b>4</b> 1
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1000	A KATON	7 ( 2 ) 3733	ب درب	4 Mayor	- , ,		3.	Date Incorpo	rated or Quali	198		
2. Principal Place of Business			2a. Mailing Address			4.					oplied For	
21			26					.ر م	- 086	5900		ot Applicable
Suite, Apt.	. #, etc.	1	Suite, Apt. #, etc.				5.	Certificate of	Status Desire	<b>:</b> 🖸		Additional
22   City & Sta	te		City & Sta	te			~~ ~ ~ A	Flection Can	npaign Fireanci	···		May Be
23			28				"	Trust Fund (	•	'' <b>''</b>		to Fees
Zip	Co	ountry	Zip Country				8.	This corpora	tion owes the	current year		
24	25		29	3	<u> </u>			Personal Pro			Yes	□No
	9. Name and A	ddress of Current R	egistered Ager	nt	81	Name	10.		ddress of Ne	_	d Agent	
XIPH	LIL DEVICE					Name	ISEF		BRIEVE			
343 ALMERA AVE- 82 Street Add  83 CORN SILVES, 12 35/34  84 City /3						ddress (P	O. Box Num	per is Not Acc	eptable)			
343	NUMER	MADE			83		K-LIJ	C	~ <u>C-/1.).K</u>	<u> </u>	<del>7</del> ,	
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Son	AC DIENO	) 12		<u>.</u>	84	City /	RIX	1 /11	11.	F	L 85 30.	3934
1. Pursuant	to the periodope of	Cartings 607 0502 p	nd 607 1508 FI	orida Statutes	, the above-r	named co	propration	submits this	statement for	the purpose	of changing its	registered
office or	registered agent, or am familiar with, and	both, in the State of F	Florida-Such ch	ange was gutt	horized by th	e comors	ation's bo	ard of directo	rs. I hereby ac	cept the ap	pointment as re	gistered
		accept the obligation	ns aff. Séction/60	7.0505. Pland	la Statutes.	.o oo.po			=			
	2 1/ -	accept the obligation	ns et. Section 60	7,0505, 7 drid	la Statutes.	.o <b>.o.</b> .po			<b>&gt;</b>	4/	3/99	7
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SIGNATURE	X Vo	LeVII 1	The Papicable.	(NOTE: RI	egistered Agent s		ured when re	einstating)	<u>_</u>	4 <sub>D/TE</sub>	S/95	RS IN 12
SIGNATURE 12.	Signetuse, typed Corinted	OFFICERS AND	The Papicable.	LUV -	13.		ured when re	einstating)	<u>_</u>	4 <sub>D/TE</sub>	5/99	Z
SIGNATURE  12. TITLE NAME	Signature, typics sprinted	CABULLE	pile applicable.	(NOTE: RI	13. 1.1 TITLE 1.2 NAME	ignatura requ	ured when re	einstating)	<u>_</u>	4 <sub>D/TE</sub>	S/95	RS IN 12
SIGNATURE  12. TITLE  NAME  STREET ADDRESS	JOSEPP 2000	CALIGUE	DIRECTORS	(NOTE: RI	13. 1.1 TITLE 1.2 NAME 1.3 STREET AG	opreture requ	ured when re	einstating)	<u>_</u>	4 <sub>D/TE</sub>	S/95	RS IN 12
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CITY-ST-ZIP 14. I hereby certify 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 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.