02171999-90043-048-\$150.00-\$150.00

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CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 17, 1999 8:00 am Secretary of State 02-17-1999 90043 048 ***150.00

1. Corporatio	MENT# P9800 (Della incorporated	0074058					
Principal Plac	o of Business	Mailing Address		4 1880: LOI (III) 1040 I COIII WITSI DOIII ABIN BBI	II IBBSI AMAII AMAAI	Arrite sikis canı	
6301 JOHNSOI	N STREET	6301 JOHNSON STREET					
HOLLYWOOD		HOLLYWOOD FL 33024		OO NOT WORK IN THE	10 0040F		
		••		3. Date Incorporated or Qualifed	IS SPACE	<u> </u>	<u></u> _
				08/25/1998			
2 Principal P	Nace of Business	2a. Mailing Address		4. FEI Number	I An	plied For	
21 RAYMONDS MALKE				4 65-0259220		t Applicable	9.6
Suite, Apt.		Suite, Apt. #, etc.		DO WILLIAM Desired D	\$8.75 A		¥
22		27		5. Certificate of Status Desired	. Fee Re	quired	ال
- City & Stat	B	City.& State		GElection Campaign Financing -	\$5.00	May Be	
23		28 /406 ywoo	O PV	Trust Fund Contribution	Added to	o Fees	1
Zip	Country	Zp 71021	Country	8. This corporation owes the current year to		}	
24	25]		O BLOWARD	Personal Property Tax.		□No	İ
	9. Name and Address of Currer	nt Registered Agent /	81 Name	10. Name and Address of New Registered	d Agent		İ
1401	DE DAVID		a) Name				1
MOORE, DAVID 5319 NORTH DOOE HIGHWAY		82 Street Addr	esa (P.O. Box Number is Not Acceptable)				
	LAUDERDALE FL 33334		83	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	17 1 7 1 7 1 7 1 7 1	4. 71 Offic 1965	
''	ENDBERDALE IE 00001		63		1130125141	建製製	
			84 City	F	85 'Zip'C	ode ******	
44 5	607.050	73 and 607 4500 Flands Statutes	the above parent com-		f changing lie	registered	_
"" office or r	egistered agent, or both, in the State	of Florida: Such change was auti	horized by the corporation	on's board of directors. I hereby accept the appr	ointment as reg	istered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	la Statutes.	oration submits this statement for the purpose on's board of directors. I hereby accept the appoints			
agent. I a SIGNATURE							
	Signature, typed or printed name of registered age		a Statutes. egistered Apent signature required 13.				(86/
SIGNATURE	Signature, typed or printed name of registered age	nt and 6th if applicable. (NOTE: R	agletared Agent signature required	d when remaining) V V V A. DATE			(11/98)
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	nt and 6th if applicable. [NOTE: RIND DIRECTORS	egistemió Agent signature required 13,	d when remaining) V V V A. DATE	ND DIRECTO	RS IN 12	34'(11/98)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN PTD RODRIGUEZ, LUIS	nt and 6th if applicable. [NOTE: RIND DIRECTORS	egistered Agent signisture required 13. 1.1 TITLE	d when remaining) V V V A. DATE	ND DIRECTO	RS IN 12	E034*(11/98)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN PTD RODRIGUEZ, LUIS	nt and 6th if applicable. [NOTE: RIND DIRECTORS	egistered Apent signature required 13. 1.1 TITLE 12 NAME	d when remaining) V V V A. DATE	ND DIRECTO	RS IN 12	R2E034*(11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typad or printed name of registered age OFFICERS AN PTD RODRIGUEZ, LUIS 6301 JOHNSON STREET HOLLYWOOD FL 33024 VSD	nt and 6th if applicable. [NOTE: RIND DIRECTORS	egierend Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	d when remaining) V V V A. DATE	ND DIRECTO	RS IN 12	CR2E034-(11/98)
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14. I hereby certify that the information supplied with this filing does not qualify for the examption 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 cath; 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 given attachment with an address, with all other-like empowered.

5.4 CITY-ST-ZIP

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