PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90056 047 ***150.00

Principal Place of Business Mailing Address	
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180 ROYAL PALM WAY, STE 204 180 ROYAL PALM WAY, STE 204 PALM BEACH FL 33480 PALM BEACH FL 33480	
DO NOT WRITE IN THIS SPACE	
3. Date incorporated or Qualified	
08/20/1998	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	
21 (65 ~ 686022) Not Applic	
Suite, Apr. #, etc.	31
22	
City & State 53,00 May B	<u>`</u> }
[23]	\dashv
Zip Country Zip Country 8. This corporation owes the current year Intangible 9. This corporation of the property Tax.	}
24 25 29 30 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent	
81 Name	
BEER, JERALD S 82 Street Address (P.O. Box Number is Not Acceptable)	
515 NO. FLAGLER DR.,STE. 1800	
WEST PALM BEACH FL 33401	$\neg \neg$
84 City 85 Zip Code	
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11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.	ed
office or registered agent, or both, in the State of Florida. Such change was aumorized by the corporation's poem of directors, i hereby accept the apparatus agent, and accept the obligations of, Section 607,0505, Florida Statutes.	- }
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remeasing).	<u></u>
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12 Salision
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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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

E AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

15 AS 561-655-927