PROFIT CORPORATION ANNUAL REPORT

1999 **DOCUMENT #**

1. Corporation Name



P98000075215

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED May 07, 1999 8:00 am Secretary of State

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	EYENNE HOLDING CORP.).								
Principal Plac	e of Business	Mailing	Address				J SADUADS HA IREE INGER ARKIN MAIN ADUR D	Dies commit fastifik seg	IDI CIRMA BELLI (MINI	
160 SE 6TH AVENUE SUITE D DELRAY BEACH FL 33463 DELRAY BEACH FL 33463					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
ı							08/28/1998			
2. Principal P	Place of Business	2a. Mai	lling Address				4. FEI Number	 	oplied For	
21		26					65-0860862		Not Applicable	
Suite, Apt.	#. etc.		te, Apt. #, etc.				5. Certificate of Status Desired		Additional Required	
22		27 Cit.	/ & State				A 51- Mine Communica Figureina		0 May Be	
City & Stat		28	A SIZIO	-			Election Campaign Financing Trust Fund Contribution		to Fees	
Zíp	Country	Zip		Cou	intry		8. This corporation owes the current year	Intangible		
24	25	29	_ [30			Personal Property Tax.	Yes	□Nø	
	9. Name and Address of Curr	rent Registere	d Agent		ļ.,,		10. Name and Address of New Register	ed Agent		
					81	Name			Į	
	S, RANDOLPH S				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
SUN	SE 6TH AVENUE				83					
	RAY BEACH FL 33483				"					
	INT DESCRIPE SONO				84	City		85 ZI	Code	
44 Dumumt	to the provisions of Sections 607.0	1502 and 607 1	508 Florida Statute	s. the a	DOVe-	named corpo			is registered	
office or r	egistered agent, or both, in the Sta	te of Florida. S	uch change was au	thorized	by th	re corporation	oration submits this statement for the purposin's board of directors. I hereby accept the ap	pointment as	registered	
				ida Stati	11120-0					
	pri lettinica wier, ette booopt ette sam	igations of, Sec	tion 607.0505, Flori	ida Stati	utas.				ĺ	
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I hereby certify that the information supplied with his hing does not quality for the exempton satisfact in 19.07(3)), Folicia distilles. The information supplied by the properties and that my signature shall have the same legal effect as if made under cert, that I am an officer or director of the corporality or the scelever or trustee smpowered 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 an attachment with an address, with all other like empowered.

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