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PROFIT
CORPORATION
ANNUAL REPORT
1999

OCUMENT #



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED May 04, 1999 8:00 am Secretary of State

	1999		DIVISION OF C	ORPORAT	TIONS	]	Clai y		
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Principal Plac	ce of Business		Mailing Address			-	•		
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90,	100 Vaszu	war ier	race						
7	ort Charlo	11 71	et D a ca			3. Date Incorporated or Q	T WRITE IN TH	IS SPACE	
Po	ort Charle	He, TI	. 33954			S. Date incorporated or d	1004		
2. Principal f	Place of Business		a. Mailing Address			4. FEI Number	l 170	Api	plied For
21 1192	Enterorizer	Dr B-5 26	20400 Van.	ver	alemac	e 25-0865	2183	h	t Applicable
Suite, Apt	. #, etc.		Suite, Apt. #, etc.	δ		5. Certifcate of Status De	sired	\$8.75 A	
22		27		<del>-</del>		O. Certificate of States Bo		Fee Re	quired
City & Sta		41	City & State	Atta /	11 2200	6. Election Campaign Final	~	\$5.00	•
23 10	Country 17 6	28	Yort Uhar	Countr	۸ <u>۲۵٬۵۶۲</u>	"8. This corporation owes		Added to	o Fees
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	9. Name and Addre	<u> </u>		<u> </u>	-110113	10. Name and Address of	New Registere		
7	id Allen	Quint	۵, )	81	Name				
Dal	ha milen	d 4.90	0 <b>~</b>	82	Street Addre	ess (P.O. Box Number is Not a	Acceptable)		
201	100 Vanz	uard ler	race						
				83	3	<b>\</b> .	•		)
1-01	tCharloH	ce. tl	320011	84	1 City			85 Zip C	ode
11 Pursuant	to the provisions of Sec	tin <b>8</b> s 607 0502 and 6	607 1508 Florida Statute	s the abov	/e-named corn	oration submits this statement	for the purpose of	of changing its	registered
office or i	registered agent, or both	, in¶the State of Flori	ida. Such change was au	ithorized by	the corporation	on's board of directors. I hereb	y accept the app	ointment as reg	istered
agent, i a	arp familiar with, and aco	epitane obligations of	t. Section but Joua, Fion		S.				
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SIGNATURE	Signatute, typed or printed name	of registered agent and title			ant signature required	d when reinstatung)	1/23 <sub>DATE</sub>	99	
SIGNATURE	Signature, typed or printed name	of registered agent and tate	a if applicable. (NOTE:			d when reinstating) ADDITIONS/CHANGES	TO OFFICERS A		RS IN 12
12. TITLE	Signature typed or printed nyme	FFICERS AND DIRI	a if applicable. (NOTE:	Registered Age 13. 1.1 TITLE	ant signature required		TO OFFICERS A	AND DIRECTOR	Addition
12. TITLE NAME	Pres David All	FFICERS AND DIRI	a if applicable. (NOTE:	13. 1.1 TITLE	ent signature required		TO OFFICERS A		[] Addition
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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 informatic 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 thustee 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>4\23\99</u>

941-255-8517