FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE >

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90293 032 ***158.75

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Principal Place of Business Mailing Address 168 EGRET CIRCLE 168 EGRET CIRCLE									*		
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				_		3. Date Inco	rporated or Qualifer 998	đ			
— .	pal Place of Business 2a. Mailing Address					4. FEI Numb	er ocaliii-	,	, <u> </u>	pplied For]
21 26 Suite, Apt. # etc. Suite Apt. # etc.						. 65-0	0906147	_/		ot Applicable]
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate	of Status Desired	₩	V	Additional equired	
City & State City & Sta						6 Flection C	empaign Einancing	•		. 	┥
23 28						6. Election Campaign Financing Trust Fund Contribution S.00 May Be Added to Fees					1
Zip Country Zip			Country			8. This corporation owes the current year intangible					1
24				30			Property Tax.		Yes	<u> </u>	
	9. Name and Address of Current	Registered Agent		W 1		0. Name an	Address of New	Registered	Agent]
CO	RPORATION SERVICE COMPANY		ľ	Name	ı						
1201 HAYS STREET				32 Street	Address	(P.O. Box Nu	mber is Not Accept	lable)	-		1
TALLAHASSEE FL 32301-2525				33		· · · · · · · · · · · · · · · · · · ·					-
			: [<u> </u>							
• •				City	1			FL	85 Zip	Code]
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abo	ve-named	corporati	ion submits th	is statement for the		changing its	registered	1
	registered agent, or both, in the State or am familiar with, and accept the obligati				oration's	board of direc	ctors. I hereby acce	pt the appoi	ntment as re	gistered	
SIGNATURE			رونون درونون				~				
	Signature, typed or printed name of registered agent		Registered Aç	eni signature	required wher			DATE		 _] ;
12. TILE	OFFICERS AND DIRECTORS Delete		13.			ADDITIONS	CHANGES TO OF	FICERS AN] }
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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 comporation 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.

SIGNATURE:

Jorge J. Jewere

4/30/99

561-433-2834