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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90033 003 \*\*\*150.00

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1. Corporation Name

Principal P ac 141 TREASURE TREASURE ISL	ISLAND CAUSEWAY	Mailing Address  141 TREASURE ISLAND ( TREASURE ISLAND FL 337				DO NOT WRI			
						Incorporated or Qualifed NA/1998			
2. Principal F	Place of Business	2a. Mailing Address			4. FEL		0	<del></del>	olied For Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	***************************************		5. Certif	cate of Status Desired		<b>\$8.75</b> A Fee Rec	
City & Stat	te	City & State				cn Campaign Financing		\$5.00 Added to	
Zip 24	Country	Zip 29	Country 30	,	8. This	corporation owes the curr		ngible	χNο
	9. Name and Address of Ci		<del></del>		10. Nam	e and Address of New I	Registered A	gent	
	TIL 1401/10/15 11	<del></del>	81	Name					
	TH, MONIQUE H	IA/AV	82	Street	Address (P.O. Bo	:: Number is Not Accept	able)		
	TREASURE ISLAND CAUSE ASURE ISLAD FL 33706	YVAT							
INE	MOUNE IOLAD FL 33/00		83						
			84	City			E I	85 Zip C	ode
44 Dumbuunt	to the executations of Suctions 607	7.050° and 507.1508. Florida Statu	tee the above	e-named	corporation subn	uts this statement for the	purpose of cl	hanging its	egistered
11. Pursuam	to the provisions of Socions 607	7.030, ard 607.1300, 11010a 3tatt							
office or a	registered agent, or both, in the S	7.0502 and 607.1508, Florida Statu State of Florida. Such change was	authorized by	the corpo	or ation's board of	lirectors. I hereby accept	pt the appoint	ment as rec	istered
agent. Fa	am familiar with, and a scept the o	bligations of Section 607.0505, Fi	orida Statutes	the corpo	or ation's board of	1 /	pt the appoint	ment as reg	istered •
office or a agent. I a SIGNATURE,	am familiar with, and a xcept the o	miligations of Section 607.0505, FI	OE H.	SMI	or ation's board of 7 TH BRI required when reinstatin	kee/aurec	pt the appoint	ment as $rec$	istered
agent. Fa	am familiar with, and a scept the o	ed agen and title if applicable (NOT	OE H.	SMI	7 TH BRO	chee/auxer	ODATE AND	30/9 DIRECTO	<b>9</b>
agent. f a	am familiar with, and a scept the o	obligations of Section 607.0505, Fi	OF H.  Registered Age	SMI	7 TH BRO	chee/auxer	ODATE AND	30/9	2
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CITY-ST-ZIP 14. I heretly certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0°(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 agree quirted by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an estactiment with an address, with all other like empowered.

62 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS