PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90250 005 ***150.00

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SAINT PETERSBURG FL 33707 SAINT PETERSBURG FL 33707			۲	3. Date incorporated or Qualifed					
						10/07/1998			4
2. Principal Pl	lace of Business	├ ──┐	iling Address			4. FEI Number		Applied For Not Applicable	-
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Suite, Apt.	#, etc.	27	te, Apr. #. etc.			5. Certificate of Status Desired	••••	Required	
City & State	e		y & State			6. Election Campaign Financing	• •	00 May Be]
23		28	 -		-	Trust Fund Contribution		ed to Fees	-
Zip	Country	Žip		Country		 This corporation owes the current yearsonal Property Tax. 	ear Intangible	No	·
24	9. Name and Address of Curren	29	d Agent	01		10. Name and Address of New Regis			1
 	5. Native and Address of Conserv	n regiotore	u rigor	81 Name	1/	44 // 1/20			
	RILAWYER				Kar	(P.O_Box Number is Not Acceptable)	E 10		┨
	ALMERIA AVENUE				198	9 Dolphin Blud S			4
COR	VAL GABLES FL 33134			63		•			
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11. Pursuant office or r	to the provisions of Sections 607.050; registered agent, or both, in the State	of Florida, St	uch change was aut	orized by the corpora	ration's	tion submits this statement for the purp board of directors. I hereby accept the	appointment as	s registered	1
	ım familiar with, and accept the obligat	tions of, Sect	tion 607.0505, Fiond	a Statutes.			4 1		1
						3	18199		1 .
SIGNATURE.	Signature, typed or primpol harms of requelered agent	nd and title if applic	cable (NOTE: R	egistered Agent signature requ		nn remsteting)	<u>8 9 9</u>		<u>8</u>
12.	Signature, hybed or primited harmer of requestered agent OFFICERS AN	nd and title if applic	cabia (NOTE: R	gistered Agent algneture requ			RS AND DIREC	TORS IN 12	11/98)
12. TIME	Shoreups, hold or principal harms or requestered agent OFFICERS AN	nd and title if applic	cable (NOTE: R	13.		nn remsteting)	<u>8 9 9</u>	TORS IN 12	4 (11/98)
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I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(I). Florida Statutes. I further certify that the informationated 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 changed, or on an attachment with an address, with all other like empowered.