**PROFIT** CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000088413 1. Corporation Name

TEN-MILL OF PALM BEACH COUNTY, INC.

Principal Place of Business 1701 WEST HILLSBORO BLVD. SUITE 401 DEERFIELD BEACH FL 33431

z. Principal Place of Business

21

Mailing Address

2a. Mailing Address

26

1701 WEST HILLSBORO BLVD. SUITE 401 DEERFIELD BEACH FL 33431

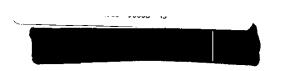
**FILED** Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90072 013 \*\*\*150.00

Applied For

Not Applicable

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 10/15/1998

4. FEI Number

Suite, Apt :	#, etc.	$\vdash$	Suite, Api. #, etc.			5. Certificate of Status Desired	□ ·	Fee Re												
22		27	O'1 - 1 Ot-1-						<del></del>											
City & State	) 	28	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t												
Zip	- Country		Zip	Country		8. This corporation owes the curr	ent year Int	angible	<b>~</b> .											
24	4 25 29 30				1 digasta, topatty			XINo												
	9. Name and Address of Curren	t Regis	tered Agent			10. Name and Address of New F	legistered .	Agent	<u>-</u>											
				81	Name															
MOORE, W R 4800 N. FEDERAL HIGHWAY SUITE 210-A BOCA RATON FL 33431					82 Street Address (P.O. Box Number Is Not Acceptable) 83															
															84	City	•	F١	85 Zip 0	Joda
		0.004.6	OZ 1500 Florida Statutas	the about	nomed cor	poration submits this statement for the	numose of	changing its	registered											
APT-00-01-01	to the provisions of Sections 607.050. egistered egent, or both, in the State of m familiar with, and accept the obligat	of Elonic	ta Such chande was aum	KANZAN DV	ING COMOUN	poration's board of directors. I heraby accep	it the appoi	ntment as re	gistered											
SIGNATURE			de diente (NOTE: Pa	and Area	d alconstant mercin	rad when restating)	DATE													
12.	Signature, typed or printed name of registered agen OFFICERS AN			13.		ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12											
TITLE	0		☐ DELETE	1.1 TITLE	, . I			Change	Addition											
NAME '	MYRICK, KIM			1.2 NAME																
	1664 FLAGLER MANOR CIRCL	<b>c</b>		1.3 STREET	ADDOESS															
STREET ADDRESS	WEST PALM BEACH FL 33411	_		1.4 CITY-ST																
CITY-ST-ZIP			DELETE	2.1 TITLE	1-01-			Change	Addition											
frr.E	D DE LOGE OUDION				1			<b></b>	_											
NAME	BEARSE, CHRISTY			2.2 NAME																
STREET ADDRESS	9 BENTWOOD DRIVE			23 STREET		~			- ;											
CITY-ST-ZIP	PALM BEACH GARDENS FL 33	1418		2.4 CITY-8	T-ZIP			☐ Change	Addition											
TITLE			☐ DELETE	3.1 TITLE	1			□1 cusu8c												
NAME				32 NAME																
STREET ADDRESS				3.3 STREET	ADDRESS															
CITY-ST-ZIP				3.4. CITY-8	T-ZIP				C A day											
TITLE			DELETE	4.; TITLE	-	<u> </u>		Change	☐ Addition											
NAME				4.2 NAME		•														
STREET ADDRESS				4.3 STREET	ADDRESS															
CITY-ST-ZIP				4.4 CITY-\$1	r-zap															
TITLE			☐ DELETE	5.1 TITLE			•	Change	Addition											
NAME				5.2 NAME																
STREET ADDRESS				5.3 STREET	ADORESS															
CITY-ST-ZIP				5.4 CITY-81	r-zie	_														
TITLE			☐ DELETE	61 TILE				Change	☐ Addition											
				6.2 NAME																
NAME				6.3 STREET	ADORESS				,											
STREET ADDRESS				6.4 CITY-SI																
CITY-ST-ZIP				0.4 CH11-SI	- 42-															

14. 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 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 path; 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 chequed, or on an attachment with an address, with all other like empowered.

954 420 0304