: PROFIT CORPORATION ANNUAL REPORT

1999

SIGNATURE:



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## FILED Mar 29, 1999 8:00 am Secretary of State 03-29-1999 90045 017 \*\*\*150.00

T, Corporation	MENT # P98000 EVEN GROUP, INC								
Principal Place	of Business	M	ailing Address						
6468 N.W. 78TH			SB N.W. 78TH PLACE	E			ļ		
PARKLAND FL 33067 PARKLAND FL 33067							DO NOT WRITE IN T	HIS SPACE	
							3. Date Incorporated or Qualifed		
							10/16/1998		
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number	' <del>    '</del>	plied For
21		26					65-0892745		t Applicable
Suite, Apt. :	#, etc.	<u> </u>	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 / Fee Re	
22		27	City & State				*g Election Campaign Financing		May Be
City & State		28	City of State				Trust Fund Contribution	Added	
Zip	Country	1201	Ζīρ	Ço	untry	· · · · · · ·	B. This corporation owes the current year	r Intangible	
24	25	29	- <b>r</b>	30	-		Personal Property Tex.	Yes	₩ No
441	9. Name and Address of Curre		stered Agent				10. Name and Address of New Register	red Agent	/
			-		81	Name			ł
SEX	S, DARREN				B2	Street Addr	ress (P.O. Box Number is Not Acceptable)	<del></del>	
6468 N.W. 78TH PLACE						00000	iss (1.0. box runing)		
PARI	KLAND FL 33067				83		<u> </u>	•	
					84	City		85 Zip	Code
					84 City			-L	•
11. Pursuant office or n agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of	ra, Such change wa , Section 807.0505,	, Florida Sta	itutes.	пе согрогата	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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office or regent. I as SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State in femiliar with, and accept the obligations, typed or protect name of registered age  OFFICERS AND WIRE  DWN ER	ations of	Ta. Such criange we. Section 807.0505, If applicable	### 13.5 ####################################	od by traffices.  If Agent 1  ITTLE  NAME  STREET A	algnature require	contailon submits this statement for the purposion's board of directors. I hereby accept the ap-	AND DIRECTO	RS IN 12
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