## Mar 04, 1999 8:00 am Secretary of State

**FILED** 

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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

	1999	1	15.5	DIVISION OF C	ORPORA	ATIC	ONS		03-04-1999 9	0055 00	5 ***158.7	75
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Principal Place	e of Business		N	failing Address		_		-	# 100% QEF 118 1010% IEIUK BOUL QUAL			1014 0161 1001
1375 W. HILLSBORO BLVD. 1375 W. HILLSBORO BLVD.												
DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442						2				<b>-</b> o	0.04	
								_	DO NOT WRIT  Date Incorporated or Qualifed	E IN THIS	SPA	
								J.	10/20/1998			ļ
2. Principal Place of Business 2a. Mailing Address									FEI Number			lied For
21	lace of Dasili	000	26					-   "	65-0869536		2 5	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Ţ,	Certifcate of Status Desired	×		dditional		
27									Certificate of otatica Desired			uired
City & State 23 28				City & State				6.	Election Campaign Financing Trust Fund Contribution		\$500 M Added to	May Be Fees
Zip	Country Zip					Country			This corporation owes the curre	nt year Int		<b></b>
24						30			Personal Property Tax.  Name and Address of New Re	naistorad		□No
	9. Name	and Address of Curre	nt Regi	stered Agent		81	Name	10.	Name and Address of New N	gistered	- Ageils	
AND	ERSON, LA	RRY							`			
1375 W. HILLSBORO BLVD.						82 Street Addi			P.O. Box Number is Not Acceptal	10)		
DEERFIELD BEACH FL 33442						83						
						84	City				85 Zip C	ode
						- 1	City			FL	.	
11, Pursuant	to the provisi	ons of Sections 607.05	02 and	607.1508, Florida Statut	es, the ab	ove	e-named corp	poratio	n submits this statement for the poard of directors. I hereby accept	urpose of	changing its r	egistered
office or r agent. I a	registered age ım familiar wi	ent, or both, in the State th, and accept the oblig	ations c	f, Section 607.0505, Flo	riđa Statu	ites.		IUII S DI	oard or directors. Thoroby docopi	ato appo	nament de 70g	,5.5.52
SIGNATURE								,		DATE		
40	Signature, typed	or printed name of registered ag OFFICERS A			Registered A	Agen	t signature require		ADDITIONS/CHANGES TO OFF		ID DIRECTOR	RS IN 12
TITLE	PTD	OI TICERO A	IND DIII	DELETE	1,1 TIT	Œ			ADDITIONAL MINE DE LE COLO		Change	Addition
	17, 20					1.2 NAME						
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CITY-ST-ZIP	Deerfield BEACH FL 33442					Y-ST	T-ZIP					
TITLE	VSD DELETE					Œ					Change	☐ Addition
NAME ANCIERSON, TEFFREY M. STREET ADDRESS 1375 WEST HILLS BORD BOWLEVARD CITY-ST-ZIP DEERFIELD BEACH FL 33442						2.2 NAME						
STREET ADDRESS 1375 WEST HILLS BORD BOWLE VARD						REET	ADDRESS					
CITY-ST-ZIP DEERFIELD BEACH FL 33442							T-ZIP				☐ Change	Addition
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CITY-ST-ZIP DEERFIELD BEACH FL 33442					4.4 CIT							
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STREET ADDRESS					5 3 ST	REET	ADDRESS					Į
CITY-ST-ZIP					5.4 CIT		T- ZIP					□ Addistan
TITLE	1			☐ DELETE	6.1 TIT						☐ Change	☐ Addition ]
NAME					6.2 NA							}
STREET ADDRESS	:1				6.3 ST	KEE	ADDRESS					ì

CITY-ST-ZIP 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 corporation of 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR