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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90127 042 ***150.00

DOCUMENT # **P98000091506**1. Corporation Name

· ·		· · · · · · · · · · · · · · · · · · ·					
Principal Plac	e of Business	Mailing Address	,				1814 6.9 14 9 141 18.81
9600 W. SAMP	LE ROAD	9600 W. SAMPLE ROAD					
SUITE 205 CORAL SPRINGS FL 33065		SUITE 205 CORAL SPRINGS FL 33065					
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 10/27/1998		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	 	Applied For
1		26				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	•	5 Additional	
22 541JF 507		27 541) 507.		<u> </u>		Required	
City & Star	ie	City & State			6. Election Campaign Financing		May Be
3	Country	28	Country		Trust Fund Contribution		d to Fees
Zip ∃	Country	Zip			8. This corporation owes the current year	r Intangible Yes	⊠ No
4	25 9. Name and Address of Curren		30	·	Personal Property Tax. 10. Name and Address of New Registe		ZC110
	9. Name and Address of Curren	r vaðisreien wiðaur	81	Name	In value and variess of dea valiste	A Parit	
FILI	NGS, INC.						
3732 N.W. 16TH STREET			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	LAUDERDALE FL 33311-4132		83			· · · · · · · · · · · · · · · · · · ·	-
			**				
	•		84	City		85 Zi	p Code
SIGNATURE			ida Statutes.		DAY	,	
	Signature, typed or printed name of registered ager OFFICERS AN		Registered Agent	t signature required			TORS IN 12
12.		nt and title if applicable. (NOTE:			when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS		
SIGNATURE 12. IITLE IAME	OFFICERS AN	nt and title if applicable. (NOTE:	Registered Agent			AND DIREC	
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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 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 a made of the corporation o

SIGNATURE:

G OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PE