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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000091588

1. Corporation Name

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

	1			
Principal Place of Business	Mailing Address ,			
2500 CORAL SPRINGS DRIVE 2500 CORAL SPRINGS DRIVE				
#107 #107 CODAL CODINGS 51 20005			DO NOT WOLTE IN THIS SPACE	
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
	• _		10/27/1998	
Principal Place of Business	2a. Mailing Address 26			ied For Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Added to	• (
Zip Country	Zip	Country	8. This corporation owes the current year Intangible]No
24 25 9. Name and Address of Curre		<u> </u>	10 Name and Address of New Registered Agent	
9. Name and Address of Curre	art vedigreren viterir	81 Name	10,	
MIRANDA, MARK				
2500 CORAL SPRINGS DRIVE #107 CORAL SPRINGS FL 33065		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
			And 75- On	
•		84 City	FL 85 Zip Cc	
11. Pursuant to the provisions of Sections 607,05 office or registered agent, or both, in the state	i02 and 607 1508, Florida Statutes e of Florida/Such change was aut	, the above-named cor horized by the corporat	poration submits this statement for the purpose of changing its re-	egistered
SIGNATURE OF AND A AUTO	to the same of the	la Statutes.	poration submits this statement for the purpose of changing its retion's board of directors. I hereby accept the appointment as regioned when reinstating) DATE DATE	stered .
SIGNATURE Signature, typed or printed name of registered ag	to the same of the		///4/97	
SIGNATURE Signature, typed or printed name of registered ag	jent and title if applicable. (NOTE: R	egistered Agent signature requir	red when reinstating) //4/97	
SIGNATURE Signature. Signature of provided name of registered age. 12. OFFICERS A TITLE D MIRANDA, MARK	ent and title if applicable. (NOTE: R ND DIRECTORS	egistered Agent signature requirement	red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12
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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 of an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE: 🗸 NING OFFICER OR DIRECTOR

Change

Addition