PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

		-	
i	212	VIA	DESETE. APT.1109
ı	DC1	DAV	DEACH E 23445

FILED May 11, 1999 8:00 am Secretary of State 05-11-1999 90028 014 ***150.00

i. Corporation	MENT # P98000 IN CORPORATION	092503					
Principal Place	of Business	Mailing Address			i sääriäät sinn vainn saut natur anut anut anut		
212 VIA DESETE DELRAY BEACH	E. APT.1109	212 VIA DESETE. APT.1109 DELRAY BEACH FL 33445			DO NOT WRITE IN THIS	SPACE	
					3. Date incorporated or Qualifed		
					10/30/1998		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number 65-0873195		olied For
21		26			03-08/31/2	\$8.75 A	Applicable
Suite, Apt. I	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Re	
22		City & State			6. Ejection Campaign Financing	\$5.00	
City & State	•	28 28			Trust Fund Contribution	Added to	
Zip	Country	Zip Country			8. This corporation owes the current year Intangible		
24	25	29 30	<u> </u>		Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Current	t Kegistered Agent	8	1 Name	tat 1501-10 drive tares da Pri tra in the Branes of	9	
GMVE	H. BIPIN M		Ľ	1	(T.O. San Number in New Associable)		——-
	VIA DESETE, APT.1109		8	Z Street Ad	idress (P.O. Box Number is Not Acceptable)		
	RAY BEACH FL 33445		8	3			
<u> </u>			8	4 53.		85 Zip C	Code
			1.	1 '	<u>FL</u>	1-1	i i
office or n	egistered agent, or both, in the State of	of Florida. Such change was auth tions of Section 607.0505, Florid	norized b la Statute	y the corpora ss.	erporation submits this statement for the purpose of atlon's board of directors. I hereby accept the appo	иппента год	gistor ou
SIGNATURE	Signature, typed or printed name of registered agen	it and side if applicable. (NOTE: Re	egistered Ag		ared when reinstating) DATE		_
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	n and side if applicable. (NOTE: Re D DIRECTORS		ent aignature requ			_
SIGNATURE 12.	Signature, typed or printed name of registered agen OFFICERS ANI	it and side if applicable. (NOTE: Re	13.	ent aignature requi	ared when reinstating) DATE	ID DIRECTO	_
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS ANI DP SHAH, BIPIN M	n and side if applicable. (NOTE: Re D DIRECTORS	13. 1.1 TITLE	ent aignature requi	ared when reinstating) DATE	ID DIRECTO	_
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Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. 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 all other like empowered.

GNATURE:

Object

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR
Bipin M. SHAH, the sident

May 1, 1999 (561) 638-8366