### **PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

#### Katherine (Tarri) 👡

Secretary of State DIVISION OF CORPORATIONS

# FILED May 08, 1999 8:00 am Secretary of State 05-08-1999 90002 030 \*\*\*150.00

DOCUI	MENT # P98000	093358					
KENGRA	1 Maile						
Principal Place	of Business	Mailing Address	_		P (BØ1760) II & : Erns såtti bann aktil anna	ENCAM TITATI (IIIA) 1	BEFOR BOTT COM
964 SW 81 AVE		964 SW 81 AVE NORTH LAUDERDALE FL 330	68				
TOMM DIODE					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 11/03/1998		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	-	olied For
21		26		66-08 18 165		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		City & State			- Florito Comorino Financino	\$5.00	<del></del>
City & State	·	28	<u> </u>		6. Election Campaign Financing Trust Fund Contribution	Added to	
Zip	Country	Zip	Count	у	g. This corporation owes the current year Int	tangible ∏Yes	EN <sub>0</sub>
24	25	29 30	0		Personal Property Tax.  10. Name and Address of New Registered		
<del></del>	9. Name and Address of Curren	t Registered Agent	_   a	1 Name	10, Maine Bild Hoolees of New York No.		
STUF	rgeon, Kenneth L						<del></del>
	SW 81 AVE		) e	2 Street A	ddress (P.O. Box Number is Not Acceptable)		}
NOR	TH LAUDERDALE FL 33068		ě	3			
			L			85 Zip C	ada
			8	1 '	FL	_	1
11. Pursuant office or reagent, I as	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 507.1508, Florida Statutes, of Florida. Such change was autitions of Section 607.0505. Florid	, the abo horized to la Statute	ve-named ox y the corpora is.	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoi	changing IIS I ntment as reg	registered sistered
	<i>UI</i>				<u> </u>	9	\ _
SIGNATURE	Signature, typed or printed name of registered agen	nt and title applicable. (NOTE Re	egistered Ac		(Used when reinstating) DATE	7	\ _
SIGNATURE	Signature, typed or printed name of registered ages	nt and title if applicable. (NOTE III. ID DIRECTORS	egistered Ac	ers signature req	<u> </u>	7	\ _
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SIGNATURE 12. TITLE NAME	Signature, typed or stringed registered agent OFFICERS AN PD STURGEON, KENNETH L	nt and title if applicable. (NOTE III. ID DIRECTORS	13. 1.1 TITLE	ent signature req	(Used when reinstating) DATE	ID DIRECTOR	\ _
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14. I hereby certify that the information supplied with this filling 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 affectment with an address, with all other like empowered.