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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000095985

1. Corporation Name

Principal Place of Business	Mailing Address	
C/O W.J. TREMBLAY, P.A. 1801 S. FEDERAL HWY., STE. 219 DELRAY BEACH FL 33483	C/O W.J. TREMBLAY, P.A. 1801 S. FEDERAL HWY., STE. 219 DELRAY BEACH FL 33483	
· ,		3
2. Principal Place of Business	2a. Mailing Address	4
21 Suite, Apt. #, etc.	Suite, Apt. #, etc.	5
441		
City & State	City & State	6

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90140 002 ***150.00

1801 S. FEDERAL HWY., STE. 219 DELRAY BEACH FL 33483		1801 S, FEDERAL HWY., STE, 219 DELRAY BEACH FL 33483		DO NOT WRITE IN THIS SPACE				
		SECULI DESCRIPTE GOVE			3. Date Incorporated or Qualifed			
					11/10/1998			
2. Principal P	lace of Business	2a. Mailing Address			A CELANISTE AND	At	pplied For	
21		26			65-0878127	No	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	•	Additional	
22		27			5. Certificate of Status Desired	Fee Re	equired	
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added	to Fees_	
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible			
24	25	29	30		Personal Property Tax.	☐ Yes	S No	
	9. Name and Address of Curren	nt Registered Agent		 	10. Name and Address of New Registered	Agent		
TOE	emt 437 to 7		8	1 Name				
TREMBLAY, W J 1801 S. FEDERAL HWY., STE. 219			8	2 Street A	Address (P.O. Box Number is Not Acceptable)			
DEUF	RAY BEACH FL 33483		8	3	· · · · · · · · · · · · · · · · · · ·			
			8	4 City	FL	85 Zip	Code	
		00 4 007 4 E09 E1		1		changing its	registered	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorized b	y the corpo	corporation submits this statement for the purpose of ration's board of directors. I hereby accept the appoint	ntment as re	gistered	
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered Ag	ent signature re	quired when reinstating) DATE			
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	D	☐ DELETE	1,1 TITLE	i	PTSD	Change	☐ Addition	
NAME	KING, JEANE D		1.2 NAME	: }				
STREET ADDRESS	5016 N.W. 5TH STREET		1.3 STRE	ET ADORESS			,	
CITY-ST-ZIP	DELRAY BEACH FL 33445		1.4 CITY-	ST-ZIP				
πLE		☐ DELETE	2.1 TITLE		<u> </u>	Change	☐ Addition	
NAME			2.2 NAME					
STREET ADDRESS	•		2.3 STRE	ET ADDRESS				
CITY-ST-ZIP			2, 4 CITY	·ST-ZIP				
TITLE	-	DELETE	3.1 TITLE			Change	☐ Addition	
NAME			3.2 NAME	.				
STREET ADDRESS			T.	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY					
TITLE		DELETE	4.1 TITLE	$\overline{}$		Change	Addition	
NAME			4, 2 NAM	1		- •	_	
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-					
TITLE		☐ DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME	i i	•			
i				ET ADDRESS				
STREET ADDRESS			5.4 CITY-	ì				
CITY-ST-ZIP	_ _	☐ DELETE	5.4 CITY- 6.1 TITLE			Change	☐ Addition	
TITLE	1.5. 1.5. 1.5. 1.5. 1.5.	☐ DELETE				☐ Change	T) Addigon	
NAME .			6.2 NAME					
STREET ADDRESS			6.3 STRE	ET ADDRESS			ŀ	

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 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 of on an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

OFFICER OR DIRECTOR