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

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTUENT DE STATE

## Katherine Harris

Secretary or State
DIVISION OF OSPECIALIONS

DOCUMENT # P980000 9685 6/

FILED May 24, 1999 8:00 am Secretary of State

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Mailing Address  Mailing Address			* 5 586964 - 90005 - \$2 4 *		
Principal Place of Business  2491 N. DIXIE	-	2491 N.	DIXIE HOY		
POMPANO BEACH, FL		POMPANO	BEACH, FL	DO NOT WRITE IN THIS SPACE	
	re my	<b></b>	33064	3. Date Incorporated or Qualified  11 - 18 - 98	
2. Principal Place of Business	2a. Mail	ing Address		4. FEI Number 65-0880268	! Applied For Not Applicable
Suite, Apt.'≄, etc.		e, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City 3 State	City	& State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	30	cuntry	This corporation owes the current year In Personal Property Tax.	Yes 🔊 Yo
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
AMERILAWY	<u> </u>		81 Name		
343 ALMER	IA AVEN	LE	92 Street Addres	ss (P.O. Sox Number is Not Acceptable)	
CORAL GABL	es, FL	33134	83		
•	•		84: City	Fl	85: Zip Code

Pursuant to the provisions of Sections 507,0502 and 607,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607,0505. Florida Statutes.

SIGNATURE Signature, liped to printed name at registered agent and title if approade (NOTE)	Rel; siered Agent signature required	space : Agent signature required when reinstating) DATE			
CFF CERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	FFICERS AND DIRECTORS 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 en an attachment with an address, with all other like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: X TO

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Sayling Shapper #