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

FILED May 17, 1999 8:00 am Secretary of State 05-17-1999 90055 041 ***150.00

	LATELY WAGE ALL	110 601-11				
DOCU	MENI # 178 000	1078174				
1. Corporati	MENT # P98 OUL on Name Ur. ACCESSON	was to				
YU	IV! ACCESSOR	ies, me		` 		
Principal Pla	ce of Business	Mailing Address				
2100	NW 3rd ske =	£ 1911				
i	•			DO NOT WRITE IN THIS SPACE		
mou	m- Le 33/2	1		3. Date Incorporated or Qualified 1-23-9	6	
				1-23-7	<u>r</u>	
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number 877077	qcA	lied For
21		26		00-0011011	\$8.75 Ac	Applicable
Suite, Apl	t. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Rec	
City & Sta		City & State		6. Election Campaign Financing	\$5.00 h	day Re
23	ale	28		Trust Fund Contribution	Added to	
Zip	Country	Zíp	Country	8. This corporation owes the current year		
24	25		30	Personal Property Tax.		No
	9. Name and Address of Curr	rent Registered Agent	81 Name	10. Name and Address of New Register	red Agent	
Kul	ingcoun Kou	nn	Name			
	ingsoon King aver	11 - 1 - 1	82 Street Add	ress (P.O. Box Number is Not Acceptable)		
124	go mun cree	k Tewace	83			
N.	inian - be	3318-7			85 Zip Co	ode
			84 City		F L	;
11. Pursuar	nt to the provisions of Sections 607 0	0502 and 607.1508, Florida Statute	es, the above-named corp	poration submits this statement for the purposi	e of changing its r	egistered
office or agent. I	r registered agent, or both, in the Sta am familiar with, and accept the obl	ate of Florida. Such change was au	ithorized by the corporati	ion's board of directors. I hereby accept the ap	ppointment as ragi	19101111
agent. I	am familiar with, and accept the obl	ate of Florida. Such change was audigations of Section 607.0505, Flori	ida Statutes.	Un's board of directors. Thereby accept the ap	195	
agent. I SIGNATURI	am familiar with, and accept the oble Signature, typed or prived name of registered	ate of Florida. Such change was auligations of Section 607.0505, Flori agent and title if applicable (NOTE:	ida Statutes. Registered Agent signature require	ed when reinstaining)	199	
agent. I SIGNATURI 12.	am familiar with, and accept the oble Signature, typed or prived name of registered	ate of Florida. Such change was audigations of Section 607.0505, Flori	ida Statutes.	Un's board of directors. Thereby accept the ap	199	
agent. I SIGNATURI 12. TITLE	am familiar with, and accept the oble Signature, typed or purple name of registered OFFICERS	ate of Florida. Such change was auligations of Section 607.0505, Flori agent and title if applicable (NOTE: AND DIRECTORS	Infortized by the corporation of	ed when reinstaining)	195 E AND DIRECTOR	RS IN 12
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agent. I SIGNATURI 12. TITLE NAME	am familiar with, and accept the oble Signature, typed or profit name of registered OFFICERS W. W. KW907	ate of Florida. Such change was auligations of Section 607.0505, Flori agent and title if applicable (NOTE: AND DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstaining)	195 E AND DIRECTOR	RS 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 arr 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.

 \cdot SIGNATURE: ${\cal Q}$

IGNING OFFICER OR DIRECTOR

Davtime Proble#