**PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # PORODO102282

Principal Place of Business Mailing Address	
	SEEL MEN SELL SELL SELL SELL SELLS
2300 PALM BEACH LAKES BLVD. 2300 PALM BEACH LAKES BLVD.	
SUITE 305	DO NOT WRITE IN THIS SPACE
WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407  3. Date Incorpor	
	aled of Quaried
12/07/1998 2. Mailing Address 4. FEI Number	Applied For
2. Principal Place of Business	Not Applicable
21 26 Suite Act. #, etc. Suite, Apt. #, etc.	\$8.75 Additional
5. Ceruicate of 3	Status Desired
22         27           City & State         City & State         *6. Election Cam	paign Financing 55.00 May Be
Tank Erned C	- 11 · · · · · · - · · · · · · · · · · ·
23	on owes the current year Intangible
Paranal Pro	
	dress of New Registered Agent
81 Name	
RIDOLFO, PHILLIP T JR	or in Not Associable)
777 SOUTH FLAGLER DR 82 Street Address (P.O. Box Numb	er is not Acceptable)
SUITE 300 EAST	
WEST PAIN BEACH FL 33401	
84 City	F1 85 Zip Code
l	
A4. Develope the appropriate of Sections 607 0502 and 607 1508 Florida Statutes, the above-named corporation submits this	statement for the purpose of changing its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of director.	statement for the purpose of changing its registered s. I hereby accept the appointment as registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of director agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	statement for the purpose of changing its registered s. I hereby accept the appointment as registered
agent. I am tamiliar with, and accept the obligations of, Section out 3000, Fibrial Statistics.	
SIGNATURE Signature, typed or printed name of registered agent and total of applicable. (NOTE: Registered Agent signature required when reinstating)  ADDITIONS OF	
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SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and tote of applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CI  TITLE  D  NAME  CUTHBERT, DOUGLAS  STREET ADDRESS  2300 PALM BEACH LAKES BLVD. #305  CITY-ST-ZIP  WEST PALM BEACH FL 33407	DATE HANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE  Signature. Typed or printed name of registered agent and title if applicable.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CI  TITLE  D  CUTHBERT, DOUGLAS  STREET ADDRESS  2300 PALM BEACH LAKES BLVD. #305  TITLE  DELETE  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE	DATE  HANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
SIGNATURE  Signature, typed or printed name of registered agent and tote of applicable.  12. OFFICERS AND DIRECTORS  TITLE  NAME  CUTHBERT, DOUGLAS  STREET ADDRESS  2300 PALM BEACH LAKES BLVD. #305  TITLE  NAME  DELETE  1.1 TITLE  1.2 NAME  1.3 ADDITIONS/CI  1.1 TITLE  1.1 STREET ADDRESS  1.3 STREET ADDRESS  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  TITLE  NAME  22 NAME	DATE  HANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
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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 changes or on an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90063 041 \*\*\*150.00