FILED Jun 10, 1999 8:00 am Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1999



DUCUMENT - 1



DOCUMENT # P98000104611							DEPARTMENT OF STATE			
1. Corporation Name										
1. Corporation	Name									
	T	Q = 1					Jan 1			
	indar (Corporatio	n		Auror.	n market land				
Primainal Place	of Business		Mailing Address							
4680 BLUE LAKE DRIVE. SUITE #200 4680 BLUE LAKE DRIVE. SUITE #200 BOCA RAOTN FL 33431 BOCA RAOTN FL 33431										
2007, 111,011,1							DO NOT WRIT	E IN THIS	SPACE	***************************************
							3. Date Incorporated or Qualifed			
			·				12/6/98			
2. Principal PI	larr of Business Park of	Commerce	2a. Mailing Address Par	k of	Commer	ce	4. FEI Number 65-0888489			Applied For
21		Blvd.	26 Suite, Apt. #, etc.		- Bl	vd.	03-0000403			Not Applicable Additional
Suite, Apt.	#, etc.		 				Certificate of Status Desired		•	Required
City & State	e		City & State				6. Election Campaign Financing			0 May Be
	Raton		28 Boca Ra	ton		i	Trust Fund Contribution		•	d to Fees
Zip.	<u> </u>	Country	Zip		ountry		8. This corporation owes the curr	ent year Inta	angible	
24 3348	37 25	USA	29 33487	30	USA		Personal Property Tax.		Yes	□No
		d Address of Current	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				10. Name and Address of New F	egistered A	Agent	
2114					81 Name	TЪ	omas Quarles			
QUARLES, THOMAS					82 Street		ss /P.O. Box Number is Not Accepta	bla)		
4680 BLUE LAKE DRIVE, SUITE #200 BOCA RAOTN FL 33431						1 P	ark of Commerce	Blvd.	<u></u>	
BOC	A RAUIN FL	33431			83					
					84 City				85 Z	o.Ccde
							a Raton	FL	, ,	3487
11. Pursuant	to the provisions	s of Sections 607,0502	and 607 1508 Florida S	totutoe the	hamen-avode	COCDO	ation submits this statement for the	purpose of a	changing	its registered
office or r	registered agent.	or both in the State	" ⊨loren Such change w	ias autnonz	rea by the corb	oration	's board of directors. I hereby acces	it the appoir	ntment as	registered
office or r agent. I a	registered agent,	or both in the State	Florida Such change w Lection 607.0505	ias autnonz	rea by the corb	oration	's board of directors. I hereby accept	it the appoin	ntment as	registered
office or r	registered agent, im fa	or both, in the State of the oblige	ection 607.0505	i. Florida St	T. QUA		3 RAB-16 TEXEXO	the appoin	ntment as	registered 4/3c/99
office or r agent. I a SIGNATURE	registered agent, im fa	npt the oblige	and title if applicable.	NOTE: Registe	T. Q.WA		S Ref (STEXEN)	DATE DATE		4/30/199
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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). Fiorida 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 prime that my name appears with all other like empowered.

SIGNATURE: