T'S. S.

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 25, 1999 8:00 am Secretary of State

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STREET ADDRESS

CITY-ST-ZIP

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Principal Place of Business Mailing Address 1791 BLOUNT RD., STE. 510 1791 BLOUNT RD., STE. 510 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069								DO I	NOT WRI	TE IN THI	S SPACE						
										3. Date I	acorporated or	Qualifed		·]
										12/15	/1998						
2.	Principal P	lace of Bus	iness	28.	Malling	Address				4. FEI N	ımber				Appli	led For	
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		9. Name	e and Address of Curre	nt Regis	tered Ag	ent				10. Name	and Address	of New F	legistere	d Agent			4
								81 1	Name								
			SEARCH SERVICES, I	INC.				82 5	Street Add	dress (P.O. Box	Number is No	ot Accepta	ible)				1
		E. PARK A	_														
	TALL	AHASSEE	FL 32301					83	_								١
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11	. Pursuant	to the provi	isions of Sections 607.05	02 and 6	07.1508,	Florida Statul	les, the et	bove n	named con	poration submi	ts this stateme	int for the	purpose c	n changing	uecia Impre	gistorou stened	ı
	agent. I a	ım familiar v	isions of Sections 607.05 gent, or both, in the State with, and accept the oblig	ations of	, Section	change was a 607.0505, Flo	uthorized orida Statu	ites.	e corporati	tion's board of	directors. I her	eby accet	х онн аррх	Minnierit es	,	-10,00	
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SIGNAL STREET TITLE NAME STREE	E EET ADDRESS (-ST-ZIP) E	PD MARTIN, 2789 N.W MARGATI VSD SMITH, M 7617 SAF	OFFICERS A ROBERT E 7. 79TH AVE. E FL 33062	ent and tile	d applicable.	(NOTE	: Registered 13. 1.1 TII 12 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST 2.4 CI	Agent ale	OORESS DORESS	red when reinstating)			DATE	ND DIREC	CTOR:	S IN 12 Addition	ODST-004 (44 000)
SIGNAL STREET TITLE NAME STREE	E EET ADDRESS (*ST-ZP) E EEET ADDRESS (*ST-ZP)	PD MARTIN, 2789 N.W MARGATI VSD SMITH, M 7617 SAF	OFFICERS A OFFICERS A ROBERT E Y. 79TH AVE. E FL 33062 MARY E NTEE TERR.	ent and tile	d applicable.	(NOTE	13. 1.1 TIT 12 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT	Agent ale ILE IME REET AC IY-ST-Z ILE IME REET AC ITY-ST-Z	OORESS DORESS	red when reinstating)			DATE	ND DIREC	CTOR:	S IN 12	Oppress (44,000)
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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 Statutas. 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 on an attachment with an address, with all officer in the corporation of the corporation of the corporation 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 officer and the corporation of the corporation o

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP