AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # VQQ 0000234 WF

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FILED

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SECRETARY OF STATE TRECARASSEE, PEORIDA

Principal Place of Business Mailing Address

5-20 5/L/5/2 LANE

BOCA RATON FLORIDA 33432					DO NOT WRITE IN THIS SPACE		
- <u>-</u>					3. Date incorporated or Qualified  EBRURA 34	1999	
Principal Place of Business		2a. Mailing Address		4. FEI Number 65 -0904785	Applied For		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	<b>├</b> ┐ ′		Election Campaign Financing     Trust Fund Contribution     Added to Fees		
Zip '	Country 25	Zip 29	Cour 30	ntry	This corporation owes the current year Intangible Personal Property.	Yes No	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
	i NEd 6		m-m-	81 Name	•		
2300 GLADES ROAD SUITE 450 WEST. BUCA RATON FLORIDA 33431				82 Street Address (P.O. Box Number is Not/Acceptable). 83			

Pursuant to the provisions of sections 607.0502 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, typed or printed name of registered agent and title if as	ppincable. (NOT	E: Registered Agent signal	ture required when reinstating)	- DATE		
OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
•	TRESIDENT	DELETE	1.1 TITLE	SECRETARY!	REASURA Change Addition		
	5. Douglas Goss 620 Silvel Law		1.2 NAME	FAMELA R	morray		
ADDRESS	620 SILVER LAW	E	1.3 STREET ADDRESS	520 5120	-0 1045		
<u> </u>	BOOM RATON FLOR	104 834172	1.4 CITY-ST-ZIP	BOCK ENTE	OF FL 33482		
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ACCRESS	]		2 3 STREET ADDRESS		-02/03/0001010010		
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			5.3 STREET ADDRESS				
		<del></del>	5.4 CITY-ST-ZIP	<del></del>			
}		DELETE	6.1 TITLE		Change Addition		
_22			6.2 NAME				
}			6.3 STREET ADDRESS		0.00		
<u> </u>	the first the information		6.4 CITY-ST-ZIP				

or director of the corporation of the receiver of trustee employeed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears 12 or Block 13 if changed, or on an attachment with an address.

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1-20-00

391-7008

CIPATOTA JAMON