♦ - FILE NOW: FILING FEE AFTEP MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

May 04, 1999 8:00 am Secretary of State

ANN	UAL REPORT 1999	· · /	Secretary of State /DIVISION OF CORPORATIONS		Secretary of State	
1. Corporation	MENT # SO35		TNC	-	05-04-1999 90067 026 ***150.00	
•	HE THOMAN	00 122 1	. 4 11 -	•		
Principal Pla	ce of Business	Mailing Address			-	•
C/O BRAIN CAMPBELL 508 NE 1907H STREET MIAMI FL 33179 C/O BRAIN CAMPBELL 508 NE 1907H STREET MIAMI FL 33179 MIAMI FL 33179					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
Z. Principal F	Place of Business	2a. Mailing Address			4. FEI Number Applied For	\dashv
Suile, Apt	. #, elc.	Suite, Apt. #, etc.			6 5 - 0 2 / 8 2 / 0 Not Applicat	
Ciby 9 Sta		27			5. Certificate of Status Desired Sectional Fee Required	
City & Sta		City & State	City & Stale		6. Election Campaign Financing \$5.00 May Be	\neg
Zip	Country Zip		Country		Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intengible	\dashv
24 25 29 29 9. Name and Address of Current Registered Agent			30	Personal Property Tax.		
		nt registered Agent	81	Name	10. Name and Address of New Registered Agent	\Box
LICH	ITMAN, JONATHAN J P.A.					Ì
THE SANCTUARY CENTER, SUITE D-100				Street Addre	ess (P.O. Box Number is Not Acceptable)	
4800 N. FEDERAL HWY BOCA RATON FL 33431						
	A DATON PL 33431	•	84	Ch.		
: <u>-</u>			• • • • •	City .	FL 85 Zip Code	
11. Pursuant office or a	lo the provisions of Sections 607,05 registered agent, or both, in the State	02 and 607.1508, Florida Statute	s, the above-	named corpo	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	$\overline{}$
, agent. i a	im familiar with, and accept the oblig	alions of, Section 607,0505, Flori	da Statutes.	ie corporatio	in a board of directors. I hereby accept the appointment as registered	-
SIGNATURE	Signature, typed or printed name of ingistered ag	and and title if another to				1
12.	OFFICERS A	ND DIRECTORS	13.	edname redname	ADDITIONS(CHANGES TO OFFICE	_
TITLE	PSTD	. DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_
NAME	CAMPBELL, BRIAN S		1.2 NAME]	,	"""
STREET ADDRESS			1.3 STREET A	DORESS		
CITY-ST-ZIP	MIAMI FL 33179		1.4 CITY-ST-	ZIP		
NAME		☐ DELETE	2.1 TITLE	"	☐ Change ☐ Addi	tion
STREET ADORESS		4.	22 NAME .	- 1	States and the second s	-
CITY-ST-ZIP		•	2.3 STREET A	DORESS	·	
TITLE		DELETE	2.4 CITY-ST-	ZIP		_
HAVE		<u></u>	12 NAME	ŀ	Change Addit	ion
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CITY-ST-ZIP			3.4. CITY-ST-			}
HILE		☐ DELETE	4.f TITLE		Change Addit	ion
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STREET ADDRESS			4.3 STREET AL	DORESS		Ţ
CITY-ST-ZIP		[7] max axis	4.4 CITY-ST-Z	OP		ĺ
NAME		☐ DELETE	5.1 TITLE		Change Addition	ion
STREET ADDRESS	•	<u>.</u>	5.3 STREET AC	nopeee	•	ŀ
CITY-ST-ZIP	• •		5.4 CITY-ST-Z	1		-
nnue ,	36	DELETE	6.1 TITLE			
NAME .			6.2 NAME	:	Change ☐ Additi	on .
STREET ADDRESS			6.3 STREET AC	DORESS		ŀ
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14. Thereby 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 officer or director of the corporation or the receiver or instee 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 although 173 ampowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/19/99 305-654-8018