## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # S05981 1. Corporation Name

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90060 027 \*\*\*150.00

Principal Place of Business  S15 NORTH FLAGLER DRIVE SUITE 703 WEST PALM BEACH FL 33401  Mailing Address S15 NORTH FLAGLER DRIVE SUITE 703 WEST PALM BEACH FL 33401					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 10/15/1990		
2. Principal F	Place of Business	2a. Mailing Address	n		4. FEI Number	<del> </del>	plied For
21 801	Spencer Drive	26 801 Spence	rw	rive	65-0228991	\$8.75 A	t Applicable
Suite, Apt.	.#, etc. =	Suite, Apt. #, etc.	•		5." Certificate of Status Desired	Fee Re	
City & Sta		City & State  28 West Palm	Bar		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	•
Zip Zip	Country Country	Zip	Country		This corporation owes the current year     Personal Property Tax.		□No
29/1/2	25 VI H		30  564	110	10. Name and Address of New Register		
3370	9. Marile and Address of Current	LineRisteren viterit	81	Name	ey, reality and control cognition	0	.,
CONE, A. CLARK 8607 WENDY LANE EAST			82		ess (P.O. Box Number is Not Acceptable)		
WES	ST PALM BEACH FL 33411		83				
			84	City	·	85 Zip (	Code
SIGNATURE	Signature, typed or printed name of registered agent	D DIRECTORS	Registered Age	ent signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
TITLE	PVT	*				Change	Addition
NAME	CONE, A. CLARK		1.2 NAME				
STREET ADDRESS			1.3 STREE	T ADDRESS			
CITY-ST-ZIP	W. PALM BEACH FL		1.4 CITY-5	ST-ZIP		Change	Addition
TITLE	S DELETE		2.1 TITLE			☐ Change	☐ Voorgon
NAME	CONE, A. CLARK		2.2 NAME	TADDESS			
STREET ADDRESS	8607 WENDY LANE EAST W. PALM BEACH FL		2.3 STREE	TADDRESS ST-7IP	Contract to the second second	~ -,	•
CITY-ST-ZIP TITLE	TI- I FIGHT DESIGNATE	☐ DELETE	3.1 TITLE	<del></del>		Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS	5		3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME	12:		4. 2 NAME	1			
STREET ADDRESS	3			TADORESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	4.4 CITY-S 5.1 TITLE	ST-ZIP		☐ Change	Addition
NAME			5.2 NAME		·	_ •	_
STREET ADDRESS	3		5.3 STREE	T ADDRESS			
CITY-ST-ZIP	1		5.4 CITY-5	ST-ZIP			
<del>}</del>							
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME.		☐ DELETE	6.1 TITLE 6.2 NAME			☐ Change	☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

-WUINED OF SIGNING OFFICER OR DIRECTOR