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

**PROFIT CORPORATION** ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90002 009 \*\*\*150.00

POUND 1	INTERNATIONAL CORPORAT						\$ 0 pp. 1		
Principal Place	of Business	Mailing Address				1 (401(21)) 11 BEST 1989 11919 1883 1897			
1221 BRICKELL	AVE.	1221 BRICKELL AVE.							
STE 1480 STE 1480 MIAMI FL 33131 MIAMI FL 33131						DO NOT WRITE IN THIS SPACE			
US US						3. Date incorporated or Qualifed			
•						10/19/1990			
Principal Place of Business     2a. Ma		2a. Mailing Address	Mailing Address			4. FEI Number		Applied For	
		26				13-2609843		Not Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	•	5 Additional	
22		27						Required	┨
City & State	<b>9</b>	City & State				6. Election Campaign Financing Trust Fund Contribution		0 May Be ed to Fees	
Zip	Country	28 Zlp		intry-		8. This corporation owes the current year		ed to rees	1_
<del></del>	25	29	30	,,,,,		Personal Property Tax.	Yes	□No	[
24	9. Name and Address of Current					10. Name and Address of New Registe	red Agent		1
		<u>-</u> . <del>Y</del>		81	Name				
	CORPORATION SYSTEM			82	Street Add	dress (P.O. Box Number is Not Acceptable)	-		
	S. PINE ISLAND ROAD								
PLAN	ITATION FL 33324			83		_	•		-
				84	City	<u> </u>	85 2	ip Code	4
					•		FL "		1
_				<del></del>					
11. Pursuant to office or reagent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	and 607.1508, Florida Statut f Florida. Such change was a ons of, Section 607.0505, Flo	es, the a uthorize rida Stat	bove d by t utes.	e-named cor the corporat	rporation submits this statement for the purpot tion's board of directors. I hereby accept the a	appointment as	registered	
SIGNATURE							_	registered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registere			rporation submits this statement for the purposition's board of directors. I hereby accept the a lifed when reinstating)  DAT  ADDITIONS/CHANGES TO OFFICER	E		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE		Agent		ired when reinstating) DAT	E	TORS IN 12	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE	Registered	Agent		ired when reinstating) DAT	S AND DIREC	TORS IN 12	
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND D RACKLIN, DAVID V.	and title if applicable. (NOTE	13. 1.1 To	Agent TLE AME		ired when reinstating) DAT	S AND DIREC	TORS IN 12	
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CITY-ST-ZIP 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 logal 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 an other like empowered.

SIGNATURE: