## 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 # S37600

LANDTE	CH SUPPORT SERVICES O	of Florida, Inc.						
Principal Place	e of Business	Mailing Address					ATAST BIRTI AIRIS AT	B
717 LAGOON DRIVE 717 LAGOON DRIVE NORTH PALM BEACH FL 33408 US US			33408			T WRITE IN THI	S SPACE	
	• 1				3. Date Incorporated or Qu	ualifed		į
					03/11/1991		<del></del>	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		<del></del>	olied For
21		26		- 4600	65-0254814	-		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Des	ired 🗆	\$8.75 A Fee Rec	
City & State		City & State		6. Election Campaign Fina	incing	\$5.00		
23		28			Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Count	гу	8. This corporation owes to	ne current year l		
24	25	29	30		Personal Property Tax.			□No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of	New Registerer	d Agent	<del></del>
MEG	GIAS, CARLOS	į.	ľ	1 Name	•	,	:	
	S. CONGRESS AVE.	化黄色 人名	8	2 Street Addr	ress (P.O. Box Number is Not A	Acceptable)		
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717 10 1100						F	<b>L</b>	vo mintore d
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations.	of Florida. Such change was a	uthorized b	y the corporation	on's board of directors. I hereby	accept the app	ointment as reg	istered
√S agent. I a SIGNATURE								
	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	: Registered A	ent signature require	d when reinstating)	DATE	- 1	
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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 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.

SIGNATURE:

**FILED** 

Feb 04, 1999 8:00am

**Secretary of State** 

02-04-1999 90007 006 \*\*\*150.00