## 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 # S47001

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90079 045 \*\*\*150.00

1. Corporation	•						
Principal Place	of Business	Mailing Address		· ·		if Minst ninit ginit nin	
1106 N G STREET 1106 N G STREET							
SUITE B SUITE B				DO NOT WRITE IN THIS SPACE			
LAKE WORTH F	-L 33460	LAKE WORTH FL 33460 US			3. Date Incorporated or Qualifed		
03		00			04/19/1991		
Principal Place of Business     2a. Mailing Address						lied For	
21	26				65-0262137	Not	Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	<b>\$8.75</b> Ad	II
22	27				3. Octavolte of ottage position	Fee Reg	uired
City & State City & State				6. Election Campaign Financing	\$5.00 м		
23		28	0	Trust Fund Contribution		Added to	Fees
— Zip —	Country	Zip	Count	У	8. This corporation owes the current year Intangible  Personal Property Tax  Yes		
24	9. Name and Address of Curren	t Pegistered Arrent	30		Personal Property Tax.  10. Name and Address of New Registere		1.10
	9. Name and Address of Curren	t ivadistered Agent	8	1 Name			
NELS	SON, ORIS L						
	N G STREET, STE B		8	2 Street Addre	ess (P.O. Box Number is Not Acceptable)		
LAKE	E WORTH FL 33460		8	3			
			Ļ	-		. 85 Zip Co	odo
			8	4 City	F	L 85 Zip Co	Jue
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligat	of Florida. Such change was a	uthorized b	v the corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its re pointment as regi	egistered istered
	III tarrinar with and accept the obliga-	dons of Beeton oor.cood, the	inda ototot				
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable (NOTE	: Registered Ag	ent signature required			
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	☐ DELETE	1.1 TITLE			Change	☐ Addition (
NAME	NELSON, ORIS L		1.2 NAME	•			
STREET ADDRESS	THE PERSON SEE THE WATER THE PERSON SEED		1.3 STRE	ET ADORESS			-
CITY-ST-ZIP			1.4 CITY-			Change	Addition
TITLE `-	STV	☐ DELETE	2.1 TITLE			onlingo	
NAME .	MOMENT, NORMAN J		2.2 NAME				1
STREET ADDRESS	LOTTINE OTIO			ET ADDRESS			-
CITY-ST-ZIP	7		2 4 CITY			☐ Change ~	Addition -
NAME	SD NELSON, ORIS		3.2 NAME	ì		-	-
STREET ADDRESS	308 FRANKLIN ROAD			ET ADORESS			
CITY-ST-ZIP	W. PALM BEACH FL		3.4. CITY				
TITLE	W. FALM DENOTITE	☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAM	Æ			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				(
STREET ADDRESS				ET ADDRESS			1
CITY-ST-ZIP			5 4 CITY			Пс	
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME	<u> </u>			1

6.4 CITY-ST-ZIP 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 legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee enviowered 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS