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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Mar 23, 1999 8:00 am Secretary of State

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Principal Place of Business Mailing Address	ETARI BUBUL BUBUL B	ianii binii ibni	
5701 PINE ISLAND ROAD 5701 PINE ISLAND ROAD .			
308 308 TAMARAC EL 2221 4400 DO NOT WRITE IN THIS	SOBACE		
TAMARAC FL 33321-4400 TAMARAC FL 33321-4400 DO NOT WRITE IN THIS US 3. Date Incorporated or Qualified	JOPAGE		
04/24/1991	·		
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Ap	plied For	
21 65-0255948		t Applicable	
- Suite; Apt. #, etc. Suite, Apt. #, etc. 5, Certificate of Status Desired	\$8.75 A		
City & State City & State 6. Election Campaign Financing	\$5.00		
23 Trust Fund Contribution	Added t	to Fees	
Zip Country Zip Country 8. This corporation owes the current year In	ntangible ☐ Yes	□No	
24 25 29 30 Personal Property Tax 9 Name and Address of Current Registered Agent 10, Name and Address of New Registered			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered 81 Name	- Agent		
GDEENEIE) D. IDVING			
5701 PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable)	Address (P.O. Box Number is Not Acceptable)		
TAMARAC FL 33051 83			
			
FI City	85 Zip (Code	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approach Lam familiar with and accept the obligations of Section 607 0505. Florida Statutes.		3,0,0,0	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE OFFICIENCE ADDITIONS OF THE OFFICE AGENT			
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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 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 an an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: