## 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

OCUMENT # S55543

r director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes. I further certify that the information 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Feb 19, 1999 8:00 am Secretary of State 02-19-1999 90118 009 \*\*\*150.00

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OOD FL 33022-0436	P O BOX 220436 HOLLYWOOD FL 330224	0400			-		
	US 10000 FL 330224	U436		}	i		
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pal Place of Business					orporated or Qualifed	<del></del>	
pai Flace of Business	2a. Mailing Address			05/24/1 4. FEI Numb			
Apt. #, etc.	26			65-0263			Applied For
7 45. 17, 616.	Suite, Apt. #, etc.			1			Not Applicable
State	27			5Certifcate.	of Status Desired	\$8.7	5 Additional
	City & State			6. Election C	ampaign Financing		Required
Country	28	<del></del> _		Trust Fund	Contribution	□ \$5.0	00 мау Ве
25	<del>-</del> -¬ '	Countr	гу	8. This corpor	ration owes the curren	t voor Intereitte	ed to Fees
9. Name and Address of Curr	29 rent Registered Agent	30		Personal P	Property Tax.	ПУ	₩No
			47.41	10. Name and	Address of New Rec	istered Agent	
LEASON, KEVIN C.		81	1 Name	-	 		
430 POLK STREET		82	2 Street Add	fress (P.O. Box Nur	mber is Not Acceptable	2)	
OLLYWOOD FL 33020		83	<del></del>			<del>7</del> )	
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		84			<u> </u>	<del></del>	
		<b>I</b>				85   Zig	Code
	502 and 607.1508, Florida Statut e of Florida. Such change was a lations of, Section 607.0505, Flo	tes, the above authorized by orida Statutes	re-named corp the corporation	poration submits this on's board of directed	s statement for the pur tors. I hereby accept th	pose of changing it e appointment as r	ts registered registered
E					s statement for the pur ors. I hereby accept th	pose of changing it e appointment as r	ts registered egistered
Signature, typed or printed name of registered age OFFICERS A	ent and title if applicable (NOTE	E: Registered Agen	,.	d when reinstating)		DATE	
Signature, typed or printed name of registered age OFFICERS AI VSD		:: Registered Agen	,.	d when reinstating)		DATE	
VSD GLEASON, KEVIN C.	ient and title if applicable. (NOTE ND DIRECTORS	13.	,.	d when reinstating)		DATE	
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