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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S63811

SULE BUSINESS CO.

Principal Place of Business			Mailing Address							OOL IIBI QIBII '	UHUR BIDAN BIDAN	01011 01011 (001
2601 BRYRON DRIVE		120	1200 S. PINE ISLAND ROAD									
LAS VEAGA NV 89134		SUI	SUITE 475					DO NOT WRITE IN THIS SPACE				
US			PLANTATION FL 33324-4402				<u> </u>	3. Date Incorporated or Qualifed				
		US						06/25/1991	Qualifeu			
2 Drivers of Di	lace of Business	72	Mailing Address					4. FEI Number	_			pplied For
- -1	lace of business	26	Mailing Address					65-0288784			 	ot Applicable
Suite, Apt.	# etc	20	Suite, Apt. #, etc.									Additional
22		27	27					Certificate of Status I	Desired			equired
City & State			City & State					6. Election Campaign F	inancing		\$5.00	May Be
23		28	28					Trust Fund Contribut	tion	<u> </u>	Added	to Fees
Zip				Country				8. This corporation owe	es the curr	ent year li		_ {
24	25	29		30				Personal Property T			Yes	□No
	9. Name and Address of Curr	ent Regist	tered Agent		24		1	0. Name and Address	of New I	Registere	d Agent	
	T OLENN				81	Name						
HAFT, GLENN						Street	Address	ss (P.O. Box Number is Not Acceptable)				
12005 SOUTH PINE ISLAND ROAD SUITE 475		,										
					83							1
PUAI	NȚATION FL 33324				84	City					85 Zip	Code
	to the provisions of Sections 607.0		7 4500 St. 31 Block					i h mita 4hia atatam	ant for the	F		rogistered
office or re	egistered agent, or both, in the Stat	te of Florid	a. Such change was a	iuthorized	d by	tne corp	oration's	board of directors. I he	reby acce	of the appoint	ointment as re	egistered
agent. I ar	m familiar with, and accept the obli	gations of,	Section 607.0505, Flo	rida Stat	utes.							ļ
												1
SIGNATURE			A DOTE	. De sistema			es as used subs	on coinetation)		DATE		
	Signature, typed or printed name of registered a				d Agen	t signature i	required whe	en reinstating) ADDITIONS/CHANGE	S TO OF	DATE FICERS A	ND DIRECTO	ORS IN 12
12.	OFFICERS A			13.		it signature i	required whe	en reinstating) ADDITIONS/CHANGE	S TO OF		ND DIRECTO	ORS IN 12
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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.

NG OFFICER OR DIRECTOR

Mar 09, 1999 8:00 am Secretary of State

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