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 # S69962

Principal Place of Business	Mailing Address	
7800 RED RD. S-109	7800 RED RD. S-109	
S MIAMI FL 33143	S MIAMI FL 33143	

FILED Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90046 036 ***150.00



S MIAMI FL 33143	L 33143 S MIAMI FL 33143		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
, -					
			07/26/1991		1
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Appli	ied For
Tan I Tancipal Tibob of Educations	26		65-0279355	Not /	Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc			\$8.75 Ad	
			5. Certificate of Status Desired	Fee Requ	I
22	27 City & State		C. Flanking Committee Financing	<u></u>	
City & State	⊢		6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	
23	28				
Zip Country	· Zip	Country	8. This corporation owes the current year intangible		
24 25	<u> </u>	30	Personal Property Tax.		901
9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Agent	
		81 Name			
NORD QUIST BARBARA C	ð.	82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
7800 RED RD S109		0001.1.0	And the second of the second second	in a process of the second	
S-M100	4	83	1112	13,154,532,73	इ.स्.स्.स
S MIAMI FL 33143			· · · · · · · · · · · · · · · · · · ·		
		84 City	FI	85 Zip Co	de
7. VIV. 1. Tay 7	1 007 4500 El-14- Olyhan			f changing its re	nistered
11. Pursuant to the provisions of Sections 607.050	2 and 607.1506, Florida Statutes of Florida: Such change was aut	thorized by the corpora	tion's board of directors. I hereby accept the appo	intment as regis	stered
े iagent. I am familiar with, and accept the obligat	tions öf, Section 607.0505, Florid	da Statutes.		•	
SIGNATURE	•			<u> </u>	
Signature, typed or printed name of registered agen		Registered Agent signature requ	ired when reinstating) DATE	ND DIDECTOR	C (N. 42
12. OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE PD	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME NORDQVIST, BARBARA C.		1.2 NAME	-		1
STREET ADDRESS 7800 RED RD., S-109		1.3 STREET ADDRESS			
CITY-ST-ZIP S MIAMI FL		1.4 CITY-ST-ZIP			
TITLE	☐ DELETE	2.1 TITLE		☐ Change	Addition
	•	2.2 NAME	3		
NAME		. 2.3 STREET ADDRESS			
STREET ADDRESS					
CITY-ST-ZIP	, — — — — — — — — — — — — — — — — — — —	2. 4 CITY-ST-ZIP		☐ Change	Addition
TILE CONTRACTOR OF THE PROPERTY OF THE PROPERT	☐ DELETE	3.1 TITLE		□ Ollange	L] / doi:soi/
NAME:	ŝ.	3.2 NAME	•		
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CITY-ST-ZIP.	·	3.4. CITY-ST-ZIP			. 7.7
TILE	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME	* 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4. 2 NAME			
STREET ADDRESS	1 √ 1 × 1 × 1	4.3 STREET ADDRESS			'
	- 1945 第1 2 5年 - 1947	4.4 CITY-ST-ZIP			
CITY-ST-ZIP	☐ DELETE	5.1 TITLE		☐ Change	Addition
TITLE		5.2 NAME	and the second second second		
NAME		5.3 STREET ADDRESS		-	
STREET ADDRESS 77.	•			· · ·	1
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<u> </u>		T Addition
TITLE COMPANY OF THE		6.1 TITLE		Change	Addition
1 3 5 % a d 4 K at 1 + 51	☐ DELETE				
	□ OELETE	6.2 NAME			
NAME STREET ADDRESS S ASSESS	☐ OELETE				
TOME 3 13 1 15 1	L) DELETE	6.2 NAME			

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 phanged, or op an attachment with an address, with all other like empowered.