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 # **S99339**

1. Corporation Name

Principal Place of Business	Mailing Address		
18196 CLEARBROOK CIR	18196 CLEARBROOK CIR		

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90075 019 ***150.00

FINE-TUI	NING, INC		2		LIBRIDA HE TRUE IN THE THE THE	ia ijaji Šijaji alī	in 4190 410	IF BIBTI BIBIL IBBI
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Principal Place	e of Business	Mailing Address	,	-		.W 1811 BINI NI	911 9 1011 016	II BIBII DIBII IBBI
18196 CLEARBR		18196 CLEARBROOK CIR						
BOCA RATON F US	-L 33496 .	BOCA RATON FL 33498 US			DO NOT WRIT	E IN THIS	SPACE	
•		••	. •		3. Date Incorporated or Qualifed			
					01/01/1992			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		_ ⊢	Applied For
21	4	Suite, Apt. #, etc.			65-0305044			Not Applicable Additional
Suite, Apt. :	#, etc.	27			5. Certifcate of Status Desired			Required
22 City & State	e ·	City & State		_	6. Election Campaign Financing		\$5.0	0 May Be
23		28	3.9		Trust Fund Contribution			d to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the curre			_
24	25	29 30		-	. Personal Property Tax.		Yes	□No
	9. Name and Address of Curren	t Registered Agent		d	10. Name and Address of New R	egistered A	Agent	
CCA.	AL EDIMADD D	κ.	8	1 Name				
	in, edward r B edgemont lane		8:	2 Street Ad	dress (P.O. Box Number is Not Accepta	ble)		
	A RATON FL 33431		8:	3				
DOC.	A HATON FL 30401		٥	"		c		
		•	84	4 City		FL	85 Zi	p Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607,1508. Florida Statutes.	the abo	ye-named co	rporation submits this statement for the	nurnose of r	hanging	its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autho	orized b	y the corpora	tion's board of directors. I hereby accep	the appoin	itment as	registered
SIGNATURE	Signature, typed or printed name of registered ager	A d SM - M plicable (MOTE: Do	internal Ass	ont signature requi	ired when reinstating)	DATE		
12.		D DIRECTORS	13.	elit algitatara rada	ADDITIONS/CHANGES TO OFF		D DIREC	TORS IN 12
TITLE	Р	☐ DELETE	1.1 TITLE		Pariton		5≰ Chang	
NAME	ERVIN, EDWARD R		1.2 NAME		Envin Edward R 18196 Clearbrook C Boca Raton FL	. 1		
STREET ADDRESS	946 EDGEMONT LANE		1.3 STRE	ET ADDRESS	181910 CLEAN Brook	incle	137	
CITY-ST-ZIP	BOCA RATON FL 33434		1.4 CITY-	ST-ZIP	Roca Raton PL	<u> 334</u>	198	
TITLE		☐ DELETE	2.1 TITLE				☐ Chang	e Addition
NAME			2.2 NAME	:				
STREET ADDRESS		,	2.3 STRE	ET ADDRESS				Į
CITY-ST-ZIP			2. 4 CITY	-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			•	Chang	je 🔂 Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY				Chang	e Addition
TITLE		☐ DELETE	4.1 TITLE				Chang	le L'Addition
NAME:			4. 2 NAMI					l
STREET ADORESS				ET ADDRESS				
CITY-ST-ZIP	<u> </u>	DELETE	4.4 CTTY- 5.1 TITLE				Chang	je Addition
TITLE		(1) DELETE	5.1 III LE 5.2 NAME					
NAME OTDEET ADDRESS	,			ET ADDRESS				
STREET ADDRESS			5.4 CITY-					
CITY-ST-ZIP		DELETE	6.1 TITLE				Chang	je 🔲 Addition
NAME			6.2 NAME					
STREET ADDRESS	٠.		6.3 STRE	ET ADORESS				

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 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.

SIGNATURE: