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PROFIT' CORPORÁTION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **V20912**



Secretary of State DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE Katherine Harris

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90007 012 ***150.00

FRAZIER, HOTTE & ASSOCIATES, P.A.									
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		A. 17 A. 4.1							SIN BIDIN BIDIN HEDA
Principal Place		Mailing Address			İ				
2400 E. COMME	ERCIAL	2400 E. COMMERCIAL #826							
#826 #826 FT. Lauderdale Fl. 33308 FT. Lauderdale Fl. 33308					1	DO NOT WRIT	TE IN THIS S	SPACE	
US US						3. Date Incorporated or Qualifed			
						03/12/1992			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
21 26								Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				- 1	5. Certifcate of Status Desired	_ · ·		5 Additional Required	
27									
City & State City & State						6. Election Campaign Financing			00 May Be ed to Fees
23		28	Caranta			Trust Fund Contribution			ed to Fees
Zip	Country	Zip	Country	1	Ì	8. This corporation owes the curre		ngible 🗀 Yes	□No
24	25	29 3	<u> </u>			Personal Property Tax. 10. Name and Address of New R	_		
	9. Name and Address of Curren	t Registered Agent	81	Name		IV. Hame and Address of Hear I	g.u.u.u.	g	
FRA7	ZIER, ROBERT W., JR.								
2400 E. COMMERCIAL			82	Street /	Addres	s (P.O. Box Number is Not Accepta	ible)		
	E 826		83	├					
	AUDERDALE FL 33308		**	ĺ					
· · · ·		•	84	City			FI	85 2	Zip Code
44 5	to the provisions of Sections 607.050	2 and 607 1509 Florida Statutes	the abov	e-named	comors	ation submits this statement for the	purpose of C	hanging	its registered
11. Pursuant i	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblications.	of Florida, Such change was aut	horized by	the corpo	oration'	s board of directors. I hereby accer	ot the annoin	tment as	registered
agent lar	m familiar with, and accept the oblica-	tions of Section 607.0505, Florid	la.Statutes	· — —	_	2			
SIGNATURE	Signature, typed or partied name of registered ager	AUCTE R			-		DATE		,
	Signature, typed or parties traine or registered ager				rectuired w	rhan reinstating)	DATE		-
	OFFICERS AN	<u> </u>	13.	int signature	redailed m	ADDITIONS/CHANGES TO OF) DIREC	CTORS IN 12
12.	OFFICERS AN	D DIRECTORS DELETE		int signature	required w			DIREC	
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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 attachment with an address, with all other like empowered.

SIGNATURE: