Mar 24, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **V49052**

1._Corporation.Name

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| Principa | Place | e of Business | | Mailing | g Address | | | | 110011 211011 41111 | | ,,, .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| 3095 S. | MILITAI | RY TR | | 3095 S | . MILITARY TR | | | | | | | |
| STE 19 | STE 19 STE 19 | | | | | | | | DO NOT WRI | TE IN THIS ! | SPACE | |
| 1 | KE WORTH FL 33463 LAKE WORTH FL 33463 US | | | | | | | | 3. Date Incorporated or Qualifed | 16 11 11 110 | - NOL | |
| US | 1 | | | US | | | | | 07/06/1992 | | | (|
| 0.0 | ! alaat Di | N of Dusings | | 2n Ma | iling Address | _ | | | 4. FEI Number | | Apr | olied For |
| $oldsymbol{ol}}}}}}}}}}}}}}$ | cipai Pi | lace of Business | • | } - | ming Address | | | | 65-0344932 | | <u> </u> | Applicable |
| 21 | a' Ant | # etc | | 26 Su | ite, Apt. #, etc. | _ | | | | | \$8.75 A | dditional |
| 22 | Suite, Apt. #, etc. | | | — | 27 | | | | 5. Certifcate of Status Desired | | Fee Re | |
| | & State | | | | ty & State | _ | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | - | | | 28 | | | | | Trust Fund Contribution | | Added to | |
| Zip | <u>†</u> | | Country | Zip | | Cou | ntry | | 8. This corporation owes the curr | ent year Inta | | _ |
| 24 | i | 25 | | 29 | | 30 | | | Personal Property Tax. | | | □No |
| | ; | 9. Name and | Address of Curre | ent Registere | d Agent | | | | 10. Name and Address of New F | Registered A | gent | |
| | ! | | ` | | | | 81 | Name | | | | |
| | | RPE DAVID | | | | | 82 | Street Addre | ss (P.O. Box Number is Not Accepta | able) | | |
| | | 5 S. MILITARY | TRAIL | | • | | | | | | | |
| | STE | | | | | | 83 | | | | | |
| | LAKE | e worth fl | 33463 | | | | 84 | City | | | 85 Zip C | ode |
| ļ | 1 | | | | | | l | • | | <u> </u> | 11. | { |
| 11. Pu | rsuant | to the provisions | of Sections 607.05 | 502 and 607.1 | 1508, Florida Statu | ites, the a | bove- | named corpo | ration submits this statement for the n's board of directors. I hereby acce | purpose of o | changing its | registered |
| off | ice or r ent. I a | registered agent, im familiar with, a | or both, in the State and accept the oblig | gations of, Se | ction 607.0505, FI | orida Stati | Jtes. | ie corporation | 15 board of directors. Thereby dose | pr ino appon | MINOR GO 10 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| SIGNA | - | | | | | | | | | | | |
| Sidiv | 1 | Signature, typed or pr | rinted name of registered ac | | | _ | Agent s | signature required | | DATE | - CIDECTO | DO IN 40 |
| 12. | į | <u> </u> | OFFICERS A | AND DIRECTO | | 13. | | | ADDITIONS/CHANGES TO OF | FICERS AN | | |
| TITLE | | | | | | | | | | | I II inanne | ☐ Addition I |
| | | P | | | DELETE | 1.1 TY | | 1 | | | Change | ☐ Addition |
| NAME | | THORPE, DA | | | ☐ DELETE | 1.2 N/ | WE | | | |] Change | Addition |
| NAME STREET A | DDRESS | THORPE, DA 237 BLOSSO | OM LANE | | DELETE. | 1.2 N/ 1.3 ST | WE REET A | DDRESS | | | Change | ☐ Addition |
| | : | THORPE, DA | OM LANE | , | | 1.2 N/ 1.3 ST 1.4 CI | ME REET A | | | | | |
| STREET A | : | THORPE, DA 237 BLOSSO | OM LANE | | ☐ DELETE | 1.2 N/ 1.3 ST 1.4 C/ 2.1 T/ | ME REET A TY-ST-Z | | | | ☐ Change | Addition |
| STREET A | : | THORPE, DA 237 BLOSSO | OM LANE | | | 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ | TREET A TY-ST-2 TLE VME | ZIP | | | | |
| STREET A CITY-ST- TITLE | ZiP. | THORPE, DA 237 BLOSSO PALM BCH S | OM LANE | , | | 1.2 N/ 1.3 ST 1.4 C/ 2.1 T/ 2.2 N/ 2.3 ST | TREET A TY-ST-Z TLE AME | ZIP DDRESS | | | | |
| STREET A CITY-ST- TITLE NAME STREET A CITY-ST- | ZiP. | THORPE, DA 237 BLOSSO PALM BCH S | OM LANE | | ☐ DELETE | 1.2 N/ 1.3 ST 1.4 C/ 2.1 T/ 2.2 N/ 2.3 ST 2.4 C | TREET ATTLE THE TREET ATTLE TREET ATTLE | ZIP DDRESS | | | ☐ Change | Addition |
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4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

14. I hereby certify that the information supplied with his 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 supplier at annual report is trueland 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.

Daytime Phone #