FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED
May 04, 1999 8:00 am

ANN	Secretary of State					Secretary of State				
2	1999 DIVISION OF CORP			RPORATIONS		05-04-1999 9006	6 019 **	*150.	.00	
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Principal Plac	ce of Business	Ma ·	iling Address	4.0		-				
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C 0 0	026	SOLATE OF	3300	4	3. Date Incorporated or Qualifed					
			_		0712011992					
2. Principal F	Place of Business	2a.	Mailing Address			4. FEI Number		App	lied For	1
21		26			İ	65-0348907		Not	Applicable]
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	-		dditional	
22		27					F	ee Req	uired	-
City & Sta	te		City & State			. 6. Election Campaign Financing	•		May Be	-
23 Zip	Coun	28	Zip	Country		Trust Fund Contribution		ded to	rees	1
24	25	29	21p	~ ·		This corporation owes the current year Personal Property Tax.	ir intangible Ye:		□No	
24		ress of Current Regist		,,		10. Name and Address of New Register				1
				81 Name						1
(<i>⊊</i>	brce 100	SICA DO		82 Street	A d den n	o (D.C. Boy Mymbor in Not Acceptable)				-
	1 DAGET	singos pri	-	62 Street	Addres	s (P.O. Box Number is Not Acceptable)				
7 ////		Al.	1.5m 5 /	83					•	1
000	PER GUL	y Plas	3026	84 City			85	Zip Co		-
		al Company	The state of the company	City			FL	Zip Ot]
11. Pursuant	to the provisions of Se	ctions 607.0502 and 60	7.1508, Florida Statutes,	the above-named	corpora	ation submits this statement for the purpos s board of directors. I hereby accept the a	e of changin	ng its re	egistered	
			Section 607.0505, Florida			s board of directors. Thereby accept the a	-	23 10gi	310,00	
SIGNATURE						<u></u>				ļ
12.		me of registered agent and title if OFFICERS AND DIREC		gistered Agent signature r	equired w	hen reinstating) DATI ADDITIONS/CHANGES TO OFFICER:		CTOE	! PS IN 12	√g
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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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS C/TY-ST-ZIP

Daytime Phone #