## 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 # V55951

B.N.T. BUSINESS CO.

Principal Pla	ce of Business	Mailing Address				-	ANI OSINS AISIN ININI	Birds iidi Albii	01011 01311 81 <b>3</b> 1	i Riafi Airii Lebi
545 S.E. 12TH	I STREET	545 S.E. 12TH STREET								
SUITE 406		SUITE 406								
DANIA FL 33004 DANIA FL 33004							DO NOT WE	RITE IN THIS	SPACE	
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L						07/27/199	2			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number			I A	pplied For
21		26				NOT APP	LICABLE			lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.									\$8.75	Additional
22						5. Certificate of	Status Desired			Required
City & State City & State						6. Election Carr	paign Financing		\$5.00	May Be
23		28				Trust Fund C		' 🗆		to Fees
Zip	Country	Zip	Cou	ntry	***************************************	8. This corporal		rrent year In		
24	25	29	30			Personal Pro		moni your m	☐ Yes	□No
	9. Name and Address of Curren	nt Registered Agent	11	•		10. Name and A		Registered		
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	RAD, SABAH					·				
<sup>25 376</sup> 545	S.E. 12TH STREET		İ	82 St	reet Addres	ss (P.O. Box Numb	er is Not Accep	table)		1
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	to the provisions of Sections 607.050 registered agent, or both, in the State				nea corpor corporation	ation submits this 's board of director	statement for the	e purpose of ant the annoi	changing its	s registered
agent: l'a	am familiar with, and accept the obligation	tions of, Section 607.0505, Flo	rida Statu	tes.				·	manom do ,	giotoroa
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	Signature, typed or printed name of registered agen			Agent signa	ture required w	when reinstating)		DATE		
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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, own an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

C/TY-ST-ZIP

**FILED** 

Feb 08, 1999 8:00am

**Secretary of State** 

02-08-1999 90062 003 \*\*\*150.00