Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90111 021 \*\*\*150.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V62317

Mailing Address								
400 POINCIANA DRIVE				1				
HALLANDALE FL 33009					DO NOT M/DI	TE IN TH	IS SDACE	
				a Date Live			13 SFACE	
				09/09/	1992			
2a. Mailing Address							Α	pplied For
26				65-035	9002		N	ol Applicable
Suite, Apt. #, etc.				5 Certifcati	e of Status Desired		•	Additional
27				<b>3. 3. 3. 3. 3. 3. 3. 3.</b>				
City & State				1 -	-	П		May Be
28				Trust Fu	nd Contribution		Added	to Fees
Zip	$\overline{}$	ntry		1 .		rent year l		7.4
29	30							□No
Registered Agent				10. Name a	nd Address of New	Register	d Agent	
		81	Name					
	ļ	82	Street Addre	ess (P.O. Bo) N	lumber is Not Accept	able)		
		83						1
		84 (	City				- 85 Zip	Code
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	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zlp 29	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Cou	400 POINCIANA DRIVE HALLANDALE FL 33009  2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 1 Registered Agent 81	400 POINCIANA DRIVE HALLANDALE FL 33009    2a. Mailing Address   26	Mailing Address	Mailing Address 400 POINCIANA DRIVE HALLANDALE FL 33009  DO NOT WRI  3. Date I recorporated or Qualifed 09/03/1992  4. FEI Number 65-0359002  Suite, Apt. #, etc. 27  City & State 28  Zip Country 29  1 Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Accept	Mailing Address 400 POINCIANA DRIVE HALLANDALE FL 33009  DO NOT WRITE IN THE  3. Date I scorporated or Qualifed 09/03/1992  2a. Mailing Address 26	### ALLANDALE FL 33009  ### ALLANDALE FL 33009    DO NOT WRITE IN THIS SPACE

CITY-ST-ZIP 14. I hereby certify that the informat on supplied with this filing does not qualify for the exemption stated in Section 119.07 3)(i), Florida Statutes. I further cartify 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 a lother like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Change

☐ Addition