**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## Mar 25, 1999 8:00 am Secretary of State

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SIDNEY E. LEWIS, P.A.

Principal Place of 24 N. MARKET ST SUITE 500 JACKSONVILLE FL	FREET	Mailing Address  24 N. MARKET STREET SUITE 500 JACKSONVILLE FL 32202-9803			DO NOT WRITE IN THI  3. Date Incorporated or Qualifed  12/06/1979		
2. Principal Plac	ce of Business	2a, Mailing Address			4. FEI Number	Ар	plied For
21		26			59-1796200	No	t Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired ~	<b>\$8.75</b> A Fee Re	I .
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Country	Zip 30	Country	!	This corporation owes the current year in Personal Property Tax.		□No
24	25 9. Name and Address of Curre	<u> </u>	2,		10. Name and Address of New Registered		
			81	Name			
	, sidney e. Market street	· *	82	Street Add	ress (P.O. Box Number is Not Acceptable)		
7	ONVILLE FL 32202-9803		83		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e fague fa de la composición della composición d	341 31
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l office or rea	the provisions of Sections 607.05	02 and 607.1508, Florida Statutes, e of Florida. Such change was auth ations of, Section 607.0505, Florida	torized by	the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its ointment as reg	registered gistered
office or reg agent. I am	the provisions of Sections 607.05 sistered agent, or both, in the State familiar with, and accept the oblig	e of Florida. Such change was auth ations of, Section 607.0505, Florida	orized by a Statutes	the corporati	on's board of directors. I hereby accept the appr	of changing its cintment as req	registered gistered
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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 or an attachment with air address with all they like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

DELETE

☐ Change

Addition