03-24-1999 90020 015 ***158.75

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**

DOCUN 1. Corporation FLINT, IN	MENT # G17997 IC.						
Principal Place	of Business	Mailing Address		I (BAILI) ORDI II DILI INDISPIBLIO IN	'it ison ninit statt bratt		
2681 NEATON C		11835 CANON BLVD.					
WELLINGTON FL 33414		STE. C-105		DO NOT WENT	TE IN THIS 60AC	_	
US		NEWPORT NEWS VA 23606			TE IN THIS SPACE	<u> </u>	
	•			3. Date Incorporated or Qualifed 01/06/1983			
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number		Applied For	\neg
21		26	•	5 9- 2244533		Not Applicab	ole
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Certifcate of Status Desired		.75 Additional]
22		27		5. Certificate of Status Desired		ee Required	
City & State	•	City & State		6. Election Campaign Financing	\$ <u>5</u>	.00 May Be	(
23		28		Trust Fund Contribution	Ac	dded to Fees	د اتست
Zip	Country	Zip	Country	8. This corporation owes the curr			
24	25	29 30		Personal Property Tax.	☐ Yes	s 🗆 No	_
	9. Name and Address of Current	Registered Agent	241 11	10. Name and Address of New F	legistered Agent		\dashv
C1 1811	T MADEALA		81 Name	•			
FLINT, KAREN A 2681 NEATON COURT			82 Street	t Address (P.O. Box Number is Not Accepta	able)		
		·	<u> </u>	and the second s		· ·	
WELLINGTON FL 33414			83				
:			84 City		85	Zip Code	\neg
					FL 🐃		_
11. Pursuant i office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State of in familiar with, and accept the obligation	and 607.1508, Florida Statutes, Florida. Such change was auth ons of, Section 607.0505, Florida	the above-named orized by the corp Statutes.	d corporation submits this statement for the poration's board of directors. I hereby accept	purpose of changil the appointment	as registered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	nistered Agent signature	required when reinstating)	DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OF	FICERS AND DIR	ECTORS IN 12	<u>. </u>
TITLE	D	☐ DELETE	1.1 TITLE		[] Ch	nange 🔲 Add	ition
NAME	FLINT, RICHARD		1.2 NAME				;
STREET ADDRESS	11835 CANON BLVD., STE. C-10	n 5 .	1.3 STREET ADDRESS	s			l i
CITY-ST-ZIP	NEWPORT NEWS VA 23606-257		1.4 CITY-ST-ZIP				
TITLE	P	☐ DELETE	2,1 TTLE		□ Ch	nange 🔲 Add	ition
NAME	FLINT, KAREN A		2.2 NAME	S			
STREET ADDRESS	2681 NEATON COURT		2.3 STREET ADDRESS	s . ´			Ì
CITY-ST-ZIP	WELLINGTON FL 33414		2. 4 CITY-ST-ZIP				}
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NAME			3.2 NAME		· .		
STREET ADDRESS			3.3 STREET ADDRESS	s	61		Ì
CITY-ST-ZIP			3,4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		□ Ch	nange	lition
NAME			4. 2 NAME				-
STREET ADDRESS			4.3 STREET ADDRESS	s			
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE			5.1 TITLE		☐ CH	nange [] Add	lition
NAME		_	5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS	s			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	1			
TITLE		□ DELETE	6.1 TITLE			nange 🔲 Add	lition

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.

6.4 CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP