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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # CAOA19

Principal Place of Business 808 N.W. 13TH STREET GAINESVILLE FL 32601 2. Principal Place of Business 3. Date Incorporated or Qualifed 05/20/1983 4. FEI Number 59-2313253 Not Applied For Not Applied For Not Applied For Suite, Apt. #, etc. 2. City & State City & State City & State City & State 2. Election Campaign Financing Fee Required 2. Frust Fund Contribution Added to Fees 2. Applied For Not Applied For Not Applied For Not Applied For Not Applied For Suite, Apt. #, etc. 2. City & State City & State 2. Election Campaign Financing Added to Fees Added to Fe
808 N.W. 13TH STREET GAINESVILLE FL 32601 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/20/1983 2. Principal Place of Business 2. Mailing Address 4. FEI Number 59-2313253 Suite, Apt. #, etc. 5. Certifcate of Status Desired City & State City & State City & State City & State Zip Country Zip Country Zip Country Applied For Not Applicable \$5. Certifcate of Status Desired Trust Fund Contribution Added to Fees Added to Fees Added to Fees No Personal Property Tax. Street Address of New Registered Agent TODD, ROBERT L 6203 NW 31ST TERRACE GAINESVILLE FL 32601
DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/20/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2313253 Suite, Apt. #, etc. 5. Certificate of Status Desired 27 City & State City & State City & State 28 Zip Country Zip Country Zip Country Added to Fees 24 25 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent TODD, ROBERT L 6203 NW 31ST TERRACE GAINESVILLE FL 32601 81 Since Incorporated or Qualifed 05/20/1983 4. FEI Number 59-2313253 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 5. Certificate of Status Desired Fee Required \$5.00 May Be Added to Fees Added to Fees 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable)
2. Principal Place of Business 3. Applied For Not Applicable 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. Added to Fees 7. Additional Fee Required 8. Trust Fund Contribution 8. This corporation owes the current year Intangible Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TODD, ROBERT L 6203 NW 31ST TERRACE GAINESVILLE FL 32601
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. Suite, Apt. #, etc. 2. City & State 2. Country 2. Zip 2. Country 2. Zip 2. Country 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Country 2. State 2. Country 3. This corporation owes the current year Intangible Personal Property Tax. 9. Name and Address of Current Registered Agent TODD, ROBERT L 6203 NW 31ST TERRACE GAINESVILLE FL 32601 4. FEI Number 59-2313253 5. Certifcate of Status Desired 5. Certifcate of Statu
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Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Zip Country Zip Country 30 Suite, Apt. #, etc. City & State City & State City & State Zip Country Zip Country Zip Country Added to Fees No 9. Name and Address of Current Registered Agent TODD, ROBERT L 6203 NW 31ST TERRACE GAINESVILLE FL 32601 Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required Struct Fund Contribution Added to Fees Added to Fees No Personal Property Tax. Yes □ No 81 Name Street Address of New Registered Agent 82 Street Address (P.O. Box Number is Not Acceptable) 83 Zin Code
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TODD, ROBERT L 6203 NW 31ST TERRACE GAINESVILLE FL 32601 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable)
6203 NW 31ST TERRACE GAINESVILLE FL 32601 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable)
6203 NW 31ST TERHACE GAINESVILLE FL 32601 83
na City
84 City FI 85 Zip Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P DELETE 1.1 TITLE Change Addition
NAME TODD, ROBERT L 12 NAME
STREET ADDRESS 6203 NW 31ST TERRACE 1.3 STREET ADDRESS
CITY-ST-ZIP GAINESVILLE FL 32683 14 CITY-ST-ZIP
TITLE VP DELETE 2.1 TITLE Change Addition
NAME BUDD, HARVEY 22 NAME -
STREET ADDRESS 3111 NW 9TH PLACE 23 STREET ADDRESS
CITY-ST-ZIP GAINESVILLE FL 32605 2.4 CITY-ST-ZIP Change Addition
NAME GOMEZ-TODD, JANET 32 NAME
STREET ADDRESS 5203 NW 31ST TERRACE 3.3 STREET ADDRESS
CITY-ST-ZIP GAINESVILLE FL 32653 3.4.CITY-ST-ZIP Change Addition
The state of the s
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP 44 CITY-ST-ZIP

CITY-ST-ZIP 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 supplementar 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 distinct 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 an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

___ Change

Addition