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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J09833

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9 Date storal D	No. of Dynamas	2a. Mailing Add	droce			A	. FEI Number		ΙΔr	oplied For
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22 City & State	te	City & State	e			- 6	. Election Campaign Fina	ncina	\$5.00	May Be
23	-	28				-	Trust Fund Contribution			to Fees
Zip	Country	Zip		Country		8	. This corporation owes t	ne current year	Intangible	
24	25	29	30]			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curren	nt Registered Agent				10	. Name and Address of	New Register	ed Agent	
205				81	Name					
	DHOLT, RUSSELL D.			82	Street A	ddress (P.O. Box Number is Not A	(cceptable)		
	NANCY CIRCLE					·				
WIN	TER SPRINGS FL 32708			83						
	•			84	City				. 85 Zip	Code
								F		
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida. Such cha	inge was autho	onzea by	the corpor	orporauc ation's b	on submits this statement locard of directors. I hereby	accept the ap	pointment as re	egistered
agent. I a	ım familiar with, and accept the obliga	itions of, Section 607	7.0505, Florida	Statutes.	-					
agent. I a SIGNATURE	•	itions of, Section 607	7.0505, Florida		nt signature req	uired when	reinstating)	DATE		
agent. I a	Signature, typed or printed name of registered ager	itions of, Section 607	7.0505, Florida		•	uired when	reinstating) ADDITIONS/CHANGES		AND DIRECTO	OR\$ IN 12
agent. I a	Signature, typed or printed name of registered ager	nt and title if applicable.	7.0505, Florida	gistered Agen	•	uired when			AND DIRECTO	DRS IN 12
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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 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

SIGNATURE:

STREET ADDRESS

Chie 27 1924