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

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90089 003 ***150.00

Principal Place 3115 DIXIE HWY PALM BAY FL 3 US 2. Principal Place 21 Suite, Apt. 6	woods development of Business (NE 12905 ace of Business #, etc.	Mailing Address 3115 DIXIE HWY NE PALM BAY FL 32905 US 2a. Mailing Address 26 Suite, Apt. #, etc.			DO NOT WRITE IN THIS S 3. Date Incorporated or Qualifed 09/25/1987 4. FEI Number 59-2857780 5. Certificate of Status Desired	Api Noi \$8.75 A Fee Re	plied For t Applicable dditional quired
City & State City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Zip Country Zip 25 29		Country 30		This corporation owes the current year Inta Personal Property Tax.	ngible ☐ Yes	2 000
24	9. Name and Address of Curre		,01	·	10. Name and Address of New Registered A		
PENCE, ROY 3115 DIXIE HWY NE PALM BAY 32905			81 82 83	Name Street Add	ress (P.O. Box Number is Not Acceptable)		
			84	City	FL	85 Zip C	ode
agent. I as SIGNATURE	m familiar with, and accept the oblig	ations of, Section 607.0505, Flori	da Statutes	•	d when reinstating) ADDITIONS/CHANGES TO OFFICERS ANI		
TITLE	PD	DELETE 1.				☐ Change	☐ Addition
NAME STREET ADDRESS CITY- ST- ZIP	PENCE, ROY J. 3115 DIXIE HWY NE PALM BAY FL		1.2 NAME 1.3 STREET 1.4 CITY-S	TADDRESS			
TITLE NAME STREET ADDRESS	VPD PENCE, HERSCHEL 3115 DIXIE HWY NE			TADDRESS		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE 3.1 ICE, ALENE 5 DIXIE HWY NE 33		ADDRESS		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	PALM BAY FL	☐ DELETE	3.4. CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREET	r ADDRESS		Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	DELETE 5.1 5.2 5.3		4.4 City-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 City-S	TADDRESS		Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	6.1 TITLE 6.2 NAME	T ADDRESS		Change	Addition

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 of 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 attacument with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/99 407/723-6107
Date Daytime Phone #

CR2E034