PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **K49326** 1. Corporation Name

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90206 006 ***150.00

IMA:

Principal Place of Business Malling Address	
10850 SE LENNARD RD 28850 SE LENNARD RD PORT ST LUCIE FL 34952 PORT ST LUCIE FL 34952	DO NOT WRITE IN THIS SPACE
US	3. Date Incorporated or Qualifed
	12/06/1988
Principal Place of Business 2e. Mailing Address	4. FEI Number Applied For
25/0850 SELENNARD R	D 65-0087142 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.	5. Certificate of Status Desired Search Fee Required
27	Pes Requied
City & State City & State 23 PORT 5 T LUCIE FL	6. Election Campaign Financing Trust Fund Contribution 5.00 May Be Added to Fees
23 28 FORT 57 CUCIE FZ Zip Country Zip Country	8. This corporation owns the current year Intangible
24 25 29 3 4 95 2 30 ST. Luci	Personal Property Tax.
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
81 Name	<u></u>
GRIFFIN, WARREN 419 MONTEREY ROAD 82 Street Add	dress (P.O. Box Number is Not Acceptable)
STUART FL 34994	
Oldvan i c ondor	
84 City	FL 85 Zip Code
 Pursuant to the provisions of Sections 607.0502 and 807.1508, Florida Statutes, the above-named co- office or registered agent, or both, in the State of Florida. Such change was authorized by the corpora 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 requi	ired when reunstating) DATE
Signature, typed or printed name of registered agent and title if applicable (MCTE: Registered Agent agreement required 12. OFFICERS AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Signature. Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Bignature Tequilities). 12. OFFICERS AND DIRECTORS 13. III.E P DELETE 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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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 finual report is true and accurate and that my signature shall have the same legal effect as if made under carb; that I am an officer or director of the corporation or the redepter 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 the appears with all other like empowered.