PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L32625

Principal Place 37 WINDWARD I CLEARWATER FI	SLAND	Mailing Address 37 WINDWARD ISLAND CLEAWATER FL 33767 US			DO NOT WRITE IN 1		
		12-11-11		i .	11/29/1989 4. FEI Number	 	pplied For
	ace of Business	2a. Mailing Address		•	59-2979386	<u> </u>	ot Applicable
21 Suite, Apt. #	# etc	Suite, Apt. #, etc.					Additional
22	·, 600.	27			5. Certificate of Status Desired	Fee R	equired
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	¥	May Be to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the current year		
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	nt Registered Agent		1 Name	10. Name and Address of New Registe	red Agent	
TOWNS, GRAEME 37 WINDWARD ISLAND CLEARWATER FL 33767			8	Street A	Address (P.O. Box Number is Not Acceptable)		<u>.</u>
		02 and 607.1508, Florida Statu	8	City	composition authority this statement for the nurnos	FL	Code s registered egistered
11. Pursuant to office or reagent. I are SIGNATURE	to the provisions of Sections 607.050 agistered agent, or both, in the State on familiar with, and accept the obligations of the obligation of the obligatio	of Florida. Such change was a ations of, Section 607.0505, Floring and title if applicable. (NOT)	tes, the abo authorized b brida Statute	City Ove-named copy the corpoles.	corporation submits this statement for the purpos oration's board of directors. I hereby accept the a equired when reinstating)	FL se of changing it ppointment as r	s registered egistered
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CITY-ST-ZIP ling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with an address, with all other like empowered. 14. I hereby certify that the information supplied with this indicated on this annual report or supplemental annual officer or director of the corporation or the ricciver or Block 12 or Block 13 if changed, or on an attachmental

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED O

□ DELETE

121-462-5516

Addition

☐ Change

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90008 019 ***550.00