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PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name

DOCUMENT # M52656



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90032 009 ***150.00

2940 TAI	ft street corp.									
		B & _ : i	Addross				-			0 0 0 0
Principal Place	e of Business	-	Address							
P.O. BOX 3181 P.O. BOX 3181 4303 HAMMETT ROAD 4303 HAMMETT ROAD										
4303 HAMMETT ROAD LA GRANGE GA 30241-3181 LA GRANGE GA 30241-3181			ı			DO NOT WRITE IN THIS SPACE				
DA GRANGE GA	4 30241-3101	CH CHIN	INGE ON ODER OID	•		•	3. Date Incorporated or Qualifed			
							05/26/1987			
2. Principal Pl	lace of Business	2a, Mai	iling Address				4. FEI Number		1	Applied For
21	1000 01 0001114-1	26					58-1745258		1	tot Applicable
Suite, Apt.	# etc		te, Apt. #, etc.						\$8.75	Additional
22		27					5Certifcate of Status.Desired	□	Fee F	Required
City & State	re		y & State				6. Election Campaign Financing		\$5.00	May Be
23	-	28	•				Trust Fund Contribution			to Fees
Zip	Country	Zip		Cou	intry		8. This corporation owes the curr	ent year Inta	ngible	
24	25	29		30			Personal Property Tax.		🖺 Yes	₩No
241	9. Name and Address of Curre		d Agent	<u> </u>			10. Name and Address of New F	Registered A	Agent	
			<u> </u>	~	81	Name				
BOR	rowski, joe						O O D N A D D A D A D D A D D A D D D A D	-h-1-\		
	WINDERWOOD CIRCLE				82	Street Addre	ess (P.O. Box Number is Not Accepta	ible)		
· ·	ANDO FL 32811				83					
J.,_										
					84	City		FL	85 Zip	Code
		007.1	EOO Florido Ctatut	aa tha al	<u> </u>	named core	protion exhalts this statement for the			ts registered
11. Pursuant	to the provisions of Sections 607.00	e of Florida S	ouo, riuliua otatut	es, trie ai	DOVE-	-mannou corpo	n's hoard of directors. I hereby accer	t the appoir	tment as	registered
	edizing adenti or pour, in the orace	e or i lorida. C	ouch change was a	uthorized	d by tr	ne corporatioi	it a board or an octor at a training			•
agent. I a	im familiar with, and accept the oblig	gations of, Sec	ction 607.0505, Flo	uthorized rida Stati	d by thutes.	ne corporation	oration submits this statement for the n's board of directors. I hereby accep			
agent. I a										
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if appli	icable. (NOTE	: Registered		ne corporation	f when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered ag		icable. (NOTE	: Registered	I Agent			DATE		FORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ag OFFICERS A	gent and title if appli	icable. (NOTE	: Registered 13.	I Agent		f when reinstating)	DATE	D DIRECT	FORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ag OFFICERS A P LARSON, N. DEAN	gent and title if appli	icable. (NOTE	13. 1.1 TD	I Agent :	signature required	f when reinstating)	DATE	D DIRECT	FORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ag OFFICERS A P LARSON, N. DEAN 4303 HAMMETT ROAD	gent and title if appli	icable. (NOTE	13. 1.1 TD 1.2 NA 1.3 ST	TLE AME	signature required	f when reinstating)	DATE	D DIRECT	FORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LARSON, N. DEAN 4303 HAMMETT ROAD LA GRANGE GA	gent and title if appli	icable. (NOTE DRS	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI	TLE AME TREET A	signature required	f when reinstating)	DATE	D DIRECT	FORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	P LARSON, N. DEAN 4303 HAMMETT ROAD LA GRANGE GA	gent and title if appli	icable. (NOTE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII	TLE AME TREET A TY-ST-	signature required	f when reinstating)	DATE	D DIRECT	FORS 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.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR