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

DOCUMENT # P9300008795

PLEASAN	ITREE WEST, INC.	000733								
Principal Place of Business Mailing Address						i indiindi işti tüşdü ilili dalil dal	** *****	JEN 18411 18811	101010101111111111111111111111111111111	
2575 CASE RD		PO BOX 1278				ļ				
LABELLE FL 33935 LABELLE FL 33975 US US							DO NOT WRITE IN THIS SPACE			
US		US				ŀ	3. Date Incorporated or Qualifed	•		
						1	01/28/1993			
2. Principal Pla	ace of Business	2a. Mailing Add	ress		-		4. FEI Number			oplied For
21		26					65-0388251			ot Applicable
Suite, Apt. #		Suite, Apt. #	ŧ, etc.				5. Certifcate of Status Desired			Additional equired
22		27 Cib. 9 State					• 5			<u> </u>
City & State	1	City & State	;				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip		Country	,		8. This corporation owes the curre	ent vear Inta		
24	25	29	30				Personal Property Tax.		ŬYes	□No
	9. Name and Address of Currer						10. Name and Address of New R	egistered A	gent	
				81	Name				•	
	KINS, JOHN JAY			82	Street	Addres	s (P.O. Box Number is Not Accepta	ble)		
150 S MAIN ST							<u> </u>			
LABE	LLE FL 33935			83						
				84	City		, - · · · · · · · · · · · · · · · · · ·	FL	85 Zip	Code
							The state of the state of the state of			naiotorod (
agent. I am SIGNATURE	n familiar with, and accept the obliga	e of Florida, Such cha ations of, Section 607	nge was authori .0505, Florida S	zeo by itatutes	tne corpo	oration	ution submits this statement for the sboard of directors. I hereby acception reinstating)	t the appoin	tment as re	egistered
agent. I am SIGNATURE	n familiar with, and accept the obligations of registered age	e of Florida, Such cha ations of, Section 607	nge was authon: .0505, Florida S	zeo by itatutes	tne corpo	oration	s board of directors. Thereby accep	DATE		ORS 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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-99

941-675-3006 Daytime Phone #

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90073 048 ***150.00

2E034 (11/98)