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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

	MENI # P94000	079631					
1. Corporation Name THE BULLEK HOLDING CORPORATION							
IIIL DOL	EER HOLDING COM CHIN						
Principal Place of Business Mailing Address					+ (003)055 ILB 10151 01811 00111 00111 80115 0A111	10010 10140 01400	
1211 12TH STR		1211 12TH STREET					
ST. CLOUD FL 34769 ST. CLOUD FL 34769					DO NOT WRITE IN THIS	SPACE	
US US					3. Date Incorporated or Qualifed		
					10/31/1994		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Api	plied For
21 26		⊢			59-3281903	No	t Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	
27		& & .			Fee Re	quired	
City & State	City & State City & State				6. Election Campaign Financing	\$5.00	7
23	28				Trust Fund Contribution	Added to	o Fees
Zip	Country				 This corporation owes the current year in Personal Property Tax. 		No
24	9. Name and Address of Curren		30		10. Name and Address of New Registered		
	3. Name and Address of Curren	it Kegistereo Agent	81	Name		············	
PIER	CEFIELD, DAVID S		82	Ctront Add	dress (P.O. Box Number is Not Acceptable)		
230 LOOKOUT PLACE			62	2 Lest Aut	diess (F.O. Box Mulliber is Not Acceptable)		
STE 200			83				
MAITLAND FL 32751			84	City		85 Zip C	Code
j				1 1	<u>Fl</u>	_ '	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above	e-named cor	poration submits this statement for the purpose o tion's board of directors. I hereby accept the appo	f changing its intment as re-	registered aistered
office or re	egistered agent, or both, in the State π familiar with, and accept the obliga	itions of, Section 607.0505, Floric	da Statutes	i.	tion's board or directors. Thereby decept the appe		,
SIGNATURE					part when reinstation) DATE		
12.	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: R	13.	nt signature requi	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	V	DELETE 1.1 TI				☐ Change	Addition
NAME	SHAFFER, STEPHEN L		1.2 NAME				
STREET ADDRESS	1211 12TH STREET		1,3 STREE	T ADDRESS			
CITY-ST-ZIP	ST. CLOUD FL		1.4 CITY-S	T-ZIP			
TITLE	PSTD	☐ DELETE	2.1 TITLË			Change	☐ Addition
NAME	EKEN, RONALD C		2.2 NAME	Ì			
STREET ADDRESS	1211 12TH STREET		2.3 STREE	TADDRESS			
CITY-ST-ZIP	ST CLOUD FL	-	2. 4 CITY-	ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	3.1 TITLE			[_] Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP			Change	Addition
TITLE		- OLLETE	4.1 IIILE 4.2 NAME			_ ,	
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS				
STREET ADDRESS			4.3 STREET ADDRESS				ļ
CITY-ST-ZIP		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP	54 C		5.4 CITY-S	ST-ZIP			
πιε		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				

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 or trustee of the corporation or the receiver or trustee or tru

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS