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 # DOCOCOL6222

Principal Place of Business	Mailing Address
4644 COMMERCIAL WAY	7379 COMMERCIAL WAY
SPRING HILL FL 34606	SPRING HILL FL 34613

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90040 030 ***150.00

Corporation	ASTERS OF SPRING HILL,						
·		7379 COMMERCIAL WAY					
4644 COMMERCIAL WAY SPRING HILL FL 34606 SPRING HILL FL 34613							
					DO NOT WRITE IN T	HIS SPACE	
					3 Date Incorporated or Qualifed 02/27/1995	··· 1-	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-3310578		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	_		5. Certifcate of Status Desired	+ - · · ·	5 Additional Required
City & Stat	e	City & State			Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	Zip	Country	-	8. This corporation owes the current year		
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New Registe	red Agent	
VIDC	CILIO DAVMOND D CDA		81	Name			
	GILIO, RAYMOND P CPA D COMMERCIAL WAY		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	OKSVILLE FL 34613		02				
DNO	ONSVILLE PL 34013		83				
			84	City		FL	p Code
office or r	to the provisions of Sections 607 050 registered agent, or both, in the State im familiar with, and accept the obligation	of Florida, Such change was au	ithorized by	the corporati	poration submits this statement for the purposion's board of directors. I hereby accept the a	рронилен аз	registered
SIGNATURE	Signature, typed or printed name of registered age			it signature require	ed when reinstating) DAT		TOPO IN 12
12.	·	ID DIRECTORS	13.	<u> </u>	ADDITIONS/CHANGES TO OFFICER	S AND DIREC	
TITLE	PD PD	☐ DELE1E	1: TITLE				, a
NAME	FRANKLIN, BRUCE		12 NAME				
STREET ADDRESS			13 STREET	1			1
CITY-ST-ZIP	SPRING HILL FL 34606	□ DELE1E	1.4 CITY-S 2.1 TITLE	I-ZIP		Chang	ge Addition
TITLE	SDV		22 NAME				_
NAME	FRANKLIN, KELLY 4644 COMMERCIAL WAY		23 STREET	r ADDDESS			
STREET ADDRESS	SPRING HILL FL 34606			ST-ZIP			
CITY-ST-ZIP	D	DELETE 31 TI		,, ,,		Chang	je 🔲 Addition
NAME	VIRGILIO, RAYMOND P		3.2 NAME				
STREET ADDRESS	TOTO COMMEDOIAL WAY		33STREE	TADDRESS			
CITY-ST-ZIP	SPRING HILL FL 34613		3.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	4 1 TITLE			Chang	ge 🔲 Addition
NAME			4 2 NAME				
STREET ADDRESS			43 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY - S	T-ZIP			
TITLE		☐ DELETE	5 1 TITLE			Chang	ge Addition
NAME			5.2 NAME				
STREET ADDRESS			Ħ	T ADDRESS :			
CITY-ST-ZIP			54 CITY-S	T-ZIP		□ Ch	ge Addition
TITLE		☐ DELETE	Н			Chang	ge Misoliton
NAME			62 NAMÉ	TADDDESS			
STREET ADDRESS			ll .	T ADDRESS			1
CITY ST 7ID	1		6.4 CITY+S	1*4P [

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: