PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State

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	e publishing company	Y								
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Principal Place	e of Business	Mail	ling Address				((CB)) (CB) (CB) (AB) (CB) (CB) (CB) (CB) (CB) (CB) (CB) (C	za flæði billi	andir Arabi i	161 1481
2305 NW 44TH PL 2305 NW 44TH PL										
GAINESVILLE FL 32605 GAINESVILLE FL 32606					-					
US US			DO NOT WRITE IN THIS SPACE							
							3. Date Incorporated or Qualifed	•	•	
							03/17/1997			
2. Principal P	Place of Business 2a. Mailing Address				4. FEI Number		Applied			
21						59-3446754		Not App		
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired	•	5 Addition Require	
City & Stat	19		City & State				6. Election Campaign Financing	\$5.	00 мау	Be
23		26					Trust Fund Contribution		led to Fe	
Zip	Country		Zip	Cou	intry		8. This corporation owes the current year	Intangibie		
24	25	29		30			Personal Property Tax.	🔀 Yes	N	<u> </u>
	9. Name and Address of Curr	rent Registe	red Agent				10. Name and Address of New Registers	d Agent		
	Aug Mariena				81	Name				
	CINI, MICKEY				B2	Street Addr	ress (P.O. Box Number is Not Acceptable)			
	5 NW 44TH PL				-	0400011400				
GAIN	(ESVILLE FL 32605				83		,			
					64	City	F	85	Zip Code	
					LL				a ita sasia	d
11. Pursuant	to the provisions of Sections 607.0	1502 and 607	7.1508, Fiorida Statu Such channe was s	tes, the a	bove-i	named com	oration submits this statement for the purpose on's hoard of directors. I hereby accept the app	of changin xointment a	g its regis is register	red
agent, 1 a	m familiar with, and accept the obli	igations of, S	Section 607.0505, Fig	rida Stat	utes.	70 001 poilars	oration submits this statement for the purpose on's board of directors. I hereby accept the app			-
SIGNATURE										_ 1
	Signature, typed or printed name of registered a		17		Agent s	lignature require	d when reinstating) DATE			N 12
12.	OFFICERS	AND DIRPE.					<u> </u>	AND DIDE		
TITLE	BARLL	FELD DIRECT		13.			ADDITIONS/CHANGES TO OFFICERS			
	DCPV	VALUE DATE	DELETE	1,1 11		V	ICE DRESIDENT	Cha		Addition
NAME	PULCINI, MICKEY	7410 DINCO		1,1 TI 1,2 N	WE	V	ICE DRESIDENT			
	PULCINI, MICKEY 2305 NW 44TH PL	yaro bilico		1.1 TI 1.2 NV 1.3 SI	AME TREET A	DORESS 6	ICE PRESIDENT. ANDRA PULCINI 305 NW 44+1 PL	Cha		
NAME	PULCINI, MICKEY	TATO DIRECT	□ OELETE	1,1 TI 1,2 NV 1,3 ST 1,4 CI	REET A	DORESS 6	ICE DRESIDENT	□ Cha	SA, egn	Addition
NAME STREET ADDRESS	PULCINI, MICKEY 2305 NW 44TH PL	ANC ONCO		1.1 TI 1.2 NV 1.3 ST 1.4 CI 2.1 TI	AME TREET A TY-ST-	DORESS 6	ICE PRESIDENT. ANDRA PULCINI 305 NW 44+1 PL	Cha	SA, egn	
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I hereby certify that the information supplied with this filing does not quality 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 anyadiress, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HANG OF SIGNAND OFFICER OR OFFICER

AND STANDARD STANDS