Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90035 026 ***150.00

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 # P97000086425

1. Corporation Name

SIGNATURE

BEHNAH	D MCAHDLE ENTERPHISE	:S, INC.					
Principal Plac	a of Business	Mailing Address			 : # 10011001110#01111#01#001#1001#1001#	.	, (1 164) (1111 (166)
					· ·		
21979 US HWY 19. N 2929 DEER RUN SOUTH CLEARWATER FL 33765 CLEARWATER FL 34624							
US					DO NOT WRITE IN THIS SPACE		
					Date Incorporated or Qualifed		
•	<u> </u>				10/05/1997		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		oplied For
21 26					59-3475473	Not Applicable \$8.75 Additional	
Suite, Apt. #, etc. Suite, Apt. #,					5. Certificate of Status Desired		
22		27	70 - F - C4-A-			Fee Re	
City & State		City & State		6. Election Campaign Financing	\$5.00	,	
23		28	Counti		Trust Fund Contribution	Added 1	lo rees
Zip	Country	Zip		у	8. This corporation owes the current year Personal Property Tax.	Yes	□No
24	25 9. Name and Address of Curr	,, , , ,	30		10. Name and Address of New Registers		
	9. Name and Address of Curr	BILL Kedisteren Ağerit	8	1 Name	10. Name and Address of Now Registers	<u> </u>	-
MCA	RDLE, BERNARD P III						
2929 DEER RUN SOUTH				2 Street A	Address (P.O. Box Number is Not Acceptable)		
CLEARWATER FL 34621				3			
011	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			"]			
			8	4 City		85 Zip	Code 76/
44 5	4 - 4	EO2 and EO7 1EO9 Florida Statuta	s the abo	ve-named c	compration submits this statement for the nurnose	of changing its	registered
office or r	egistered agent, or both, in the Stat m familiar with, and accept the oblig	te of Florida. Such change was au	thorized b	y the corpor	ration's board of directors. I hereby accept the app	ointment as re	gistered
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE:/	Registered Ag	ent signature red	quired when reinstating) DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1.1 TITLE			Change	Addition
NAME	MCAROLE, BERNARD P III		1.2 NAME		•		
STREET ADDRESS	2929 DEER RUN SOUTH		1.3 STRE	ET ADDRESS	-		
CITY-ST-ZIP	CLEARWATER FL-34621		1.4 CITY-	ST (ZIP)	337 <i>61</i>		
TITLE			2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STRE	ET ADDRESS	м.		
CITY-ST-ZIP			2. 4 CITY	ST-ZIP	d		
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME	:	·		
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAMI	:			
STREET ADDRESS			4.3 STRE	ET ADORESS			,
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE	☐ DELETE		5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-			<u>-</u> -	
TITLÉ		☐ DELETE	6.1 TITLE	1		☐ Change	Addition
NAME			6.2 NAME	ļ			
STREET ADDRESS			6.3 STRE	ET ADDRESS			

14. 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 of the receiver or toustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an archiment with an address, with all other like empowered.

6.4 CITY-ST-ZIP