## **PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	MENT # P98000 ROKERS, INC.	054454			(1891)MED HE SHALL SELECT ARMS AND	(ij 88il) 2010 -	1211 <b>- B</b> EBJO <b>- BIU</b> PI	<b>.</b>   []]]	
Principal Plac	e of Business	Malling Address		. <u></u>	- \$ 196 NOTE INCIDENT OF	(d <b>40</b> %) 00%) 0	FIR CTOR ORANI I	Eliti Aini jeni	
1156 SALT CREEK DRIVE 1156 SALT CREEK DRIVE PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082									
PUNIE VEUNA	DEVOL LE SERGE	TORIE TEMM DESCRIPE OF	LVOL		DO NOT WRI	TE IN THIS	SPACE		٦.
					3. Date incorporated or Qualifed 06/16/1998				
2. Principal P	lace of Business .	2a. Mailing Address			4. FEI Number .59 – 3509142		<del></del> -	plied For	]
21		26		·	33-3303142	<del></del>		t Applicable	1
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A		
22		City & State			S. Election Comparing Figureing			<u>•</u>	1
City & Stat	ty & State			B. Election Campaign Financing     Trust Fund Contribution			□ - \$5.00 May Be Added to Fees		
23 Zip			Count		8. This corporation owes the curr	ent year Inta	ngible		1
24	25	29	30		Personal Property Tax.			□No	1
	9. Name and Address of Current	Registered Agent			10. Name and Address of New F	Registered /	gent		4
	LOCAL CLARKES		8	Name (L	DILLIAM ESTBER	S			ı
PELLICER, CHARLES				2 Street Addr	ess (P.O. Box Number is Not Accepte				1
28 CORDOVA STREET ST AUGUSTINE FL 32084			8	ļ					4
ST AUGUSTINE FL 32004				1156	SALT CREEK D	SR.			Ţ
			8	City	- V-DOA BEACH	FL	85 Zip C		1
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named con- office or registered agent, or both, in the State of Florida. Such change was authorized by the corporat agent. I am familiar with, and agreept the obligations of, Section 607.0505, Florida Statutes.					oration submits this statement for the				┨
office or r	egistered agent, or both, in the State	of Florida. Such change was au	thorized b	y the corporation	on's board of directors, I hereby accep	t the appoin	tment as reg	pistered	ļ
	im familiar with, and accept the obligat	lons of, Section 607.0003, Florid	oa Statute	3.	* /				
SIGNATURE	Signature, typed or printed name of registered agent	and tide if applicable. (NOTE: R	legistered Age	ont signature required	d when reinstating)	DATE			16
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OF	FICERS AN			ع ا
TITLE	D	D DELETE		ŀ			Change	Addition	3
NAME	. –	ESTBERG, WILLIAM 12N		1					18
STREET ADDRESS	1156 SALT CREEK DRIVE			ETADORESS					ļ
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		1.A CITY-ST-ZIP 2.1 TITLE				[] Change	Addition	1 8
πLE			22 NAME						
NAME				ET ADDRESS					
STREET ADDRESS		•	2.4 CTY-						İ
CITY-ST-ZIP		☐ DELETE	31 TITLE	31-28			Change	Addition	1
NAME	• • • •		3.2 NAME			• -			
STREET ADDRESS			3.3 STREE	TADORESS					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					<u> </u>
TITLE		OELETE -	4.1 TITLE		· — · · · ·		Change	Addition	1
NAME :			4. 2 NAME						ı
STREET ADDRESS	** **		1	TADDRESS					
CITY-ST-ZIP		CACIETE	4.4 CITY-				[] Change	Addition	1
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME						1
NAME				T ADDRESS .					
STREET ADDRESS			5,4 CITY-1						
CITY-ST-ZIP TITLE		□ DELETE	6.1 TITLE				Change	Addition	1
NAME			6.2 NAME						
	i e e e e e e e e e e e e e e e e e e e		1	TADDRESS					1

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 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 pill other like empowered.

6.4 CITY-ST-ZIP .

SIGNATURE:

STREET ADDRESS

WILLIAM ESTBERGE PULLVETA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90072 037 \*\*\*150.00