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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000082023

1. Corporation Name

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90119 026 ***150.00

	O OF PURIFORM	Mailing Address								
Principal Place		<u>-</u>	•		·				•	
403 EAST HAU OAKHILL FL 32		403 EAST HALIFAX AVE OAKHILL FL 32759	Ε.		1					
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					3. Date Incorpora 09/22/1998		1			
2. Principal P	face of Business	2a. Mailing Address	, 1	1 / 6	4. FEI Number			Apr	olied For	
2 118	N. Gaines St	26 403 E	EAST /	FAL, FAX	Ave 59-	355 7	216		Applicable	
<u> </u>	<i>~</i> • • • • • • • • • • • • • • • • • • •	Suite, Apt. #, etc.	وستستحير محار	~	5. Certifcate of S	tatus Desired		\$8.75 A		
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Zip	Country	Zip	_	USA	8. This corporation Personal Prop		ent year inte		□No	
24 32 75	9. Name and Address of Curren	29 32759	30	<u> </u>	10. Name and Ad		teaistered .			
	5. Name and Address of Culter	t Neglateleu Agent		81 Name						
DEW	/ees, Linda						LIL		_	
I	EAST HALIFAX AVE.			82 Street A	Address (P.O. Box Number	er is Not Accepta	ible)			
OAK	HILL FL 32759			83						
								TT		
l .				84 City			FL	85 Zip C	ode	
								<u> </u>	-1-4	
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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 a state 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 a state of the corporation or the receiver or trustee empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP