**PROFIT CORPORATION** ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE

## **Kathorine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999

**FILED** Mar 29, 1999 8:00 am Secretary of State

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	RD., STE. 1400	125 COASTLINE RD., STE. 14	00	ŀ					
Anford FL 3	2771	SANFORD FL 32771				NOT WRITE IN T	HIS SPACE		
				3	. Date incorporated or	Qualifed			
					10/06/1998		<u> </u>	oplied Fo	
<b>-</b> 7	ace of Business	2a, Mailing Address		1	FEL Number 35	53145		lot Applica	
Suite, Apt.	# etc	26 Suite, Apt. #, etc.	<del></del> -			\\ \frac{1}{2}		Additiona	-
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Zip ∃	Country 25	Zip 3	<b>-</b>	6	<ol> <li>This corporation owe Personal Property To</li> </ol>		Yes	□No	
<u> </u>	9. Name and Address of Curren		<u> </u>	10	). Name and Address		red Agent		_
			81 Name						
	E, CANDACE		Address	ddress (P.O. Box Number is Not Acceptable)					
	Bridgeline Run Gwood Fl 32750		83						
	GIFOOD 1 E 32730								
LON		2 and 607.1508, Florida Statutes of Florida. Such change was auth tione of Section 607.0585, Florid	84 City	l corporation's l	on submits this stateme		<b>-</b> L!	Code ts register registered	₽ď
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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 each; that I em an officer or director of the corporation of 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 phanged, or on an attachapent with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: