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**PROFIT** CORPORATION ANNUAL REPORT

1999



Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 05, 1999 8:00am FLORIDA DEPARTMENT OF STATE Katherine Harris **Secretary of State**

02-05-1999 90001 037 \*\*\*150.00

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Principal Place	'	Mailing Address			
1103 HIBISCUS	BLVD	1103 HIBISCUS BLVD SUITE 310		1	
SUITE 310 SUITE 310 W MELBOURNE FL 32904 W MELBOURNE FL 32904			DO NOT WRITE IN THIS SPACE		
W. W.C.C.C.C.				3. Date Incorporated or Qualifed	
				09/04/1991	
2. Principal Pl	lace of Business	2a. Mailing Address	<del></del>	\	Applied For
21		26		33 00001 00	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		LE Conditionto of Status Decired	Additional Required
22		27			·
City & Stati	e	City & State		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	May Be d to Fees
23		28	Country	1700(1010-0010	101663
Zip	Country	Zip	30	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes	No
24	9. Name and Address of Currel		30	10. Name and Address of New Registered Agent	
*	J. Hailie allo Audiess of Culter	ur rediscolor ufferie	81 Name		
LAN	DMAN, O'BRIEN R			CO CO At Love Alexandra Al	
5 516 N. HABOR CITY BLVD.		82 Street Add	ddress (P.O. Box Number is Not Acceptable)		
	N: JAMES M. O'BRIEN		83		F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MEL	BOURNE FL 32935			1 (1) 5 (1)	p Code
•			84 City	FL  85   Zi	p Code
11 Pursuant	to the provisions of Sections 607.050	02 and 607,1508, Florida Statute	s, the above-named corp	poration submits this statement for the purpose of changing	its registered
	remintered agapt or both in the State	of Florida, Such change was all	itnorized by the corborali	ion's board of directors. I hereby accept the appointment as	registerea
	Te the contract of the contrac	stions of Contion 607 NEAE Flori	ida Statutoe		
agent. I a	m familiar with, and accept the obliga-	ations of Section 607.0505, Flori	ida Statutes.	•	
agent. I a SIGNATURE	m familiar with, and accept the obligation of th	ations of, Section 607.0505, Flori	ida Statutes.  Registered Agent signature require	od when reinstating) DATE	
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nereby certify that the information supplied with this filling 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 all other like empowered.

SIGNATURE:

(407) 722 132 4 Daytime Prione #