SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 21, 1999 8:00 am Secretary of State

07-21-1999 90013 008 ***550.00

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DOCUMENT #

ELLEN P. HENDERSON, P.A.

Principal Place	of Business		Mailing Address						168 1868 B 1611 B 1611 B		IOIL DIBLI DIBLI IODI
819 CHESTNUT COURT			POST OFFICE BOX 1141								
MARCO FL 33937			MARCO FL 33969								
US			US						OT WRITE IN TH	HIS SPACE	
								3. Date incorporated or C	lualified	*	
								03/01/1992			
2. Principal Place of Business			2a. Mailing Address					4. FEI Number			Applied For
21			26					65-0315049			Not Applicable
	#, etc.	~	Suite, Apt. #,	, etc.				5. Certificate of Status De	esired 🔲	T	5 Additional * Required
22			27								· ·
City & State			City & State					6. Election Campaign Fin			00 May Be ed to Fees
23	Countr		28	1	Country			Trust Fund Contribution			ed to rees
Zip	Countr	ry	Zip	-	Country			8. This corporation owes	•	Yes	IX No
24	9. Name and Addre	age of Current F	29	[3	0			Intangible Personal Pro 10. Name and Address o			ДД. 140
	9. Name and Addit	ess of Culterit r	registered Agent		81	Name		10. Name and Address o	i item itegister	ou Agont	
HEN	NDERSON, ELLEN P.										
	CHESTNUT CT.				82	Stree	t Addre	ss (P.O. Box Number is Not	Acceptable)		ĺ
	RCO ISLAND FL 339	37			83						
					"						
					84	City			.∠ * F	85 Z	ip Code
office or a	to the provisions of sec registered agent, or both am familiar with, and ac	h, in the State of	Florida. Such chan	nge was aut	thorized by	the co	corpora poration	tion submits this statement for 's board of directors. I hereb	or the purpose of by accept the ap	f changing its pointment as	registered registered
CICNIATUDE											ĺ
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	Signature, typed or printed name			(NOTE		gent sign	nure requir	ed when reinstating) ADDITIONS/CHANGES	TO OFFICERS		TORS IN 12
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6.4 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. an officer or director of the corporation or the in Block 12 or Block 13 if changed, or on an 941

SIGNATURE:

642-5400