FIRE NOVE FIRMOFFEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V60319

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Zip	Country	Zip					rust Fund Con				to Fees
24	25	⊢ '	Cour	ııry			his corporation		urrent year l		
24)	9. Name and Address of Current	Pagistered Agent	30				ersonal Prope lame and Add		. Danistana	Yes	□No
	To all the second of the secon	· registered Agent		81	Name	10. 19	iaine and Aug	ILESS OF MEA	v registere	u Agent	
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SAF	RASOTA FL		Ļ		0 ''	<u> </u>	1321. 37	Marille H			
113 - 01211101			[]	84	City		-		FI	85 Zip	Code
11. Pursuant	t to the provisions of Sections 607.0502 registered agent, or both, in the State of amifamiliar with, and accept the obligati	and 607.1508, Florida Statut	es, the ab	ove-r	named corpo	oration s	ubmits this sta	tement for the	ne purpose d	of changing it	s registered
Office or	registered agent, or both, in the State of am familiar with, and accept the obligati	of Florida. Such change was a	uthorized	by th	ne corporatio	n's boar	d of directors.	I hereby acc	ept the appo	ointment as r	egistered
· ····· agent, i a			nua Statui	tes.							1 * 1 * 1
SIGNATURE		•	nua Statui	tes.						· · · · · · ·	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE			signature required				DATE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	and title if applicable. (NOTE D DIRECTORS	: Registered A	gent si		when rees			DATE	ND DIRECT	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS ANI	and title if applicable. (NOTE	Registered A	lgent si		when rees	itating)		DATE		ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND P SIMMONS, P.W.	and title if applicable. (NOTE D DIRECTORS	Registered A 13. 1.1 TITL 1.2 NAW	ent si	signature required	when rees	tating)		DATE	ND DIRECT	ORS IN 12
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND P SIMMONS, P.W. 139 YACHT HARBOR DR.	and title if applicable. (NOTE D DIRECTORS	13. 1.1 TITL 1.2 NAW	Agent si	DDRESS	when rees	tating)		DATE	ND DIRECT	ORS 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 suppliemental 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90036 004 ***150.00

941-377-9929