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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000050831

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Jan 29, 1999 8:00am
Secretary of State

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US		US				3. Date Incorporated or Qualifed		147	
						07/15/1993		,	
2. Principal P	lace of Business	2a. Mailing Address			-	4. FEI Number	Ap	plied For	- 4
21		26				65-0421286	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A	Additional	71
22	•	27				9. Certificate of Status Desired	Fee Re	quired	
City & Stat	ie .	City & State				6. Election Campaign Financing	\$5.00	May Be	
23	. <u>.</u>	28				Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	_	untry		8. This corporation owes the current year t			
24	25	29	30		41**	Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Currer			04		10. Name and Address of New Registere	d Agent		
	LANCE THE COLUMN	ig telegrapisch		81	Name				
	LARIO, ANTHONY J			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
	NEAPOLITAN LANE			-		** 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	51 4111 53 G 1011 5	1120 1131 1331	
NAP	LES FL 34102			83					
1				84	City	A PARTY OF THE PAR	85 Zip (Code	
man ince the	**************************************			<u> </u>		rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	L L	ragistared	
14 Durement	to the provisions of Sections 607.050	12 and 607.1508. Florida Sta	tutes, the a	ibove-		rporation submits this statement for the purpose i	of cuanding its	nistered	
office or r	registered agent, or both, in the State	of Florida. Such change was	authorize	d by th	-named cor he corporat	tion's board of directors. I hereby accept the app	ointment as re	9.0.0.0.	
office or i	egistered agent, or both, in the State im familiar with, and accept the obliga	itions of, Section 607.0505, I	authorize Torida Stat	d by th lutes.	he corporat	tion's board of directors. I hereby accept the app	ointment as re	9.0.0.00	
office or r	m familiar with, and accept the obliga	ations of, Section 607.0505, I	Florida Stat	utes.	·		ointment as re	, , , , , , , , , , , , , , , , , , ,	_
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SIGNATURE	m familiar with, and accept the obligation of th	nt and title if applicable. (NO	TE: Registered	d Agent s	·	red when reinstating), ?			11/98)
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14. I hereby 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: