Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90034 040 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H62895**

1. Corporation Name

435 CORPORATION

Principal Place	of Business	Mailing Address							
435 FOOTMAN	LANE	% EUGENE K. BJERNING							
MERRITT ISLAN	D FL 32952	435 FOOTMAN LANDING MERRITT ISLAND FL 32952			DO NOT WRITE IN THIS	SPAC	F		
US						3. Date Incorporated or Qualifed			
						06/19/1985			
2 Dringing Di	ace of Business	2a. Mailing Address				4. FEI Number	$ \top$	App	lied For
— ·	ace of business	26			 			Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additio				
		27			5. Certificate of Status Desired Fee Required				
City & State	3	City & State			6. Election Campaign Financing 55.00 May Be				
23		28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Countr	у	•	8. This corporation owes the current year Int	angible	a	_
24	25		30			Personal Property Tax.	XYe		□No
241	9. Name and Address of Curren					10. Name and Address of New Registered	Agent		
			8.	1 1	Name				_
BJERNING, EUGENE K.			-	. - ,	Ctract Addrs	on (B.O. Boy Number is Not Acceptable)	—		
435	Footman Landing		82 Street Addres			ss (P.O. Box Number is Not Acceptable)			
MERRITT ISLAND FL 32952			83	3					
								7: 0	
			84	4 (City	FI	85	Zip Co	ode
office or re agent. I as	egistered agent, or both, in the State m famillar with, and accept the obliga	of Florida. Such change was au itions of, Section 607.0505, Flori	tnorized by da Statute	y τπe s.	e corporation	ration submits this statement for the purpose of solutions of directors. I hereby accept the appoin	ntment	: as regi	istered
	Signature, typed or printed name of registered ager	i i i i i i i i i i i i i i i i i i i		ent si	ignature required v	ADDITIONS/CHANGES TO OFFICERS AN	ם חוב	ECTO	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AT		hange	Addition
TITLE	PD PATRICIA				ĺ		_	•	_
NAME	BJERNING, PATRICIA			1.2 NAME					
STREET ADDRESS	100 1 00 1111 11 0 1112 112			1.3 STREET ADDRESS					
CITY-ST-ZIP	MERRITT ISLAND FL			1.4 CITY+ST-ZIP				hange	Addition
TITLE	STD	-		2.1 TITLE			□ •	unge	
NAME	BJERNING, EUGENE K.			2.2 NAME					
STREET ADDRESS	TOO TOO THIRD BUILDING			2.3 STREET ADDRESS		والعالم المساورة			
CITY-ST-ZIP	-MERRITT ISLAND FL			2.4 CITY-ST-ZIP 3.1 TITLE				hange	Addition
TITLE	•	(") DELETE						ila igo	
NAME	l _		3.2 NAME						
STREET ADDRESS	•			3.3 STREET ADDRESS					
CITY-ST-ZIP		☐ DELETE	3.4. CITY-5		ZIP		Пс	hange	Addition
TITLE					1			lango	
NAME			4. 2 NAMI						
STREET ADDRESS			4.3 STRE						
CITY-ST-ZIP			4.4 CITY-		<u>/IP </u>			hange	☐ Addition
TITLE		☐ DELETE	5.1 TITLE		1			nanye	
NAME			5.2 NAME						•
STREET ADDRESS			5.3 STRE		i				
CITY-ST-ZIP			5.4 CITY- 6.1 TITLE		JP			hanaa	Addition
TITLE		☐ DELETE			}	•		hange	
A1414F			62 NAME		ı				-

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 copporation 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 attachmen with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CONTROL OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

407-453-5258

22E034 (11/98)