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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**

1. Corporation	MENI # P94000	022873				
	CORPORATION					
Principal Place	of Business	Mailing Address		I I MONTAGO I DE DI DE SIL MONT DE SIL MONT DE SIL MONT	J 11810 11801 FEEL E	0000 1141 1001
7510 MARYLAND AVENUE 7510 MARYLAND AVENUE						
HUDSON FL 34667 HUDSON FL 34667				DO NOT WRITE IN THI	S SPACE	
	3*			3. Date Incorporated or Qualifed	3017102	
•				03/21/1994		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Apr	olied For
21		26		59-3252756		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22	<u> </u>	27	#* * * . ×* * 1		Fee Rec	·
City & State	9	City & State		6. Election Campaign Financing	\$5.00 to Added to	•
Zip	Country	28	Country	Trust Fund Contribution 8. This corporation owes the current year In		71 663
	25		30	Personal Property Tax.	Yes	XÍNo
24	9. Name and Address of Current			10. Name and Address of New Registered		
		7	81 Name			
SACO, NORMA E			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
7510 MARYLAND AVENUE			02 Substitute			
HUD	SON FL 34667 _.		83			
İ			84 City		85 Zip C	ode
				FI	<u> </u>	
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute:	s, the above-named cor	poration submits this statement for the purpose of	if changing its i pintment as rec	registered Jistered
agent. I ar	m familiar with, and accept the obligat	lions of, Section 607.0505, Flori	da Statutes.	tion's board of directors. I hereby accept the appoint	•	,
SIGNATURE				red when reinstating) OATE		<u>·</u>
12.	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: ID DIRECTORS	Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D OFFICERS AIT	DELETE	1.1 TITLE		☐ Change	Addition
NAME	SACCO, NORMA E		1.2 NAME			
STREET ADDRESS	7510 MARYLAND AVENUE		1.3 STREET ADDRESS			
CITY-ST-ZIP	HUDSON FL 34667		1.4 CITY-ST-ZIP	_		
TITLE	D' .	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	SACCO, JAMES L		2.2 NAME			
STREET ADDRESS	7510 MARYLAND AVENUE		2.3 STREET ADDRESS			
CITY-ST-ZIP	HUDSON FL 34667 -		2. 4 CITY-ST-ZIP	<u> </u>		
TITLE	D 4	☐ DELETE	3.1 TITLE	•	☐ Change	☐ Addition
NAME	SACCO, ROSE M		3.2 NAME			
STREET ADDRESS	7510 MARYLAND AVE		3.3 STREET ADDRESS			
CITY-ST-ZIP	HUDSON FL		3.4. CITY-ST-ZIP		☐ Change	Addition
TITLE	, t	☐ DELETE	4.1 TITLE		. Criange	
NAME			4. 2 NAME			
STREET ADDRESS	₩	·	4.3 STREET ADDRESS	·		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change	☐ Addition
TITLE		C percie	5.2 NAME	·		
NAME STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE	<u> </u>	☐ DELETE	6.1 TITLE		Change	Addition
NAME		_	6.2 NAME			

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 chapted, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS