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

PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P98000075558

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90109 047 ***150.00

LWHB, II	NC.									
					,					
Principal Place	e of Business	Mailing Address								
1810 LONG IRON DR. #308 1810 LONG IRON DR. #308			8							
VIERA FL 32955 . VIERA FL 32955					ļ		DO NOT W	RITE IN TH	IIS SPACE	
					<u> </u>	3. Date Incorp	orated or Qualife	ed		
						08/27/19	98			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Numbe		· · · · ·	A	pplied For
21 26						<u> 59 - 3</u>	3523	<u> </u>	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5 Certifcate o	of Status Desired		•	Additional
22		27								equired
City & State	e ·	City & State	City & State				ımpaign Financir	¹g □	•	May Be
23		28					Contribution			to Fees
Zip	Country	Zip	Country			•	ation owes the c	urrent year	Intangible ☐ Yes	No
24	25		30				roperty Tax. Address of Nev	u Pagistore		78140
	9. Name and Address of Curr	rent Registered Agent	81	Name	`	IO. Name and	Address of Nev	w Kegister	u Ayent	
HOM	IEYCUTT, MISSTY									
	LONG IRON DR. #308		82	Street	Address	(P.O. Box Nur	mber is Not Acce	eptable)		ĺ
	A FL 32955		83							
AIFII	IA 1 L 32933		03							
•			84	City					85 Zip	Code
				j						s registered
	1. II	EOO and COZ 1EOR Florida Statuto	a the above	- namod	corpora	tion cubmits thi	is statement for t	INA NIITANSA		
office or re	to the provisions of Sections 607.0 registered agent, or both, in the Sta	ite of Florida. Such change was all	ithonzed by	the corp	corpora oration's	tion submits thi board of direc	is statement for t tors. I hereby ac	the purpose scept the ap	oi changing ii oointment as r	egistered
office or re	agistared agent or both in the Sta	0502 and 607.1508, Florida Statute ate of Florida. Such change was au igations of, Section 607.0505, Flori	ithonzed by	the corp	corpora oration's	tion submits thi board of direc	is statement for t tors. I hereby ac	the purpose scept the ap	cointment as r	egistered
office or re agent. I as SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida. Such change was au igations of, Section 607.0505, Flori	ithorized by ida Statutes	tne corp	oration s	board of direc	is statement for t tors, I hereby ac	cept the ap	pointment as r	egistered
office or re agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered a	ate of Florida. Such change was au igations of, Section 607.0505, Flori	ithonzed by	tne corp	oration s	en reinstating)	is statement for toos. I hereby ac	DATE		egisiered
office or re agent. I as SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered a	ate of Florida, Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOTE: f	ithorized by ida Statutes	tne corp	required wh	en reinstating)	tors. I nereby ac	DATE		ORS IN 12
office or reagent. I as	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered a	ate of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOTE: I	Registered Agen	tne corp	required wh	en reinstating) ADDITIONS	/CHANGES TO	DATE OFFICERS	AND DIRECT	ORS IN 12
office or reagent. I as SIGNATURE 12. TITLE NAME	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered a	ate of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOTE: I	Registered Agen 13. 1.1 TITLE 1.2 NAME	tne corp	PD	en reinstating) ADDITIONS	/CHANGES TO	DATE OFFICERS	AND DIRECT	ORS IN 12
office or ragent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered a	ate of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOTE: I	Registered Agen 13. 1.1 TITLE 1.2 NAME	I signature r	PD	en reinstating) ADDITIONS	/CHANGES TO	DATE OFFICERS	AND DIRECT	ORS IN 12
office or reagent. I as SIGNATURE 12. TITLE NAME	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered a	ate of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOTE: I	Registered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET	I signature r	PD	en reinstating) ADDITIONS	/CHANGES TO	DATE OFFICERS	AND DIRECT	ORS IN 12
office or ragent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered a	ate of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOTE: I	Registered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	It signature of ADDRESS	PD LAW IBIC VIEW VIEW MISS	en reinstating) ADDITIONS IRENCE LONG AP, FL	CHANGES TO OUT TO THE TON TO THE	DATE OFFICERS BLUNK DR. =	AND DIRECT Change	ORS IN 12
office or ragent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered a	ate of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOTE: I	Registered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME	It signature of ADDRESS	PD LAW IBIC VIEW VIEW MISS	en reinstating) ADDITIONS JRENCE LONG AP, FI	CHANGES TO OUT TO THE TON TO THE	DATE OFFICERS SLUNK DR. 1	AND DIRECT Change	ORS IN 12
office or ragent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered a	ate of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOTE: I	Registered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME	r ADDRESS	PD LAW IBIC VIEW VIEW MISS	en reinstating) ADDITIONS IRENCE LONG AP, FL	CHANGES TO OUT TO THE TON TO THE	DATE OFFICERS BLUNK DR. =	AND DIRECT Change	ORS IN 12 Addition
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered a	ate of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOTE: I	Registered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET	r ADDRESS	PD LAW IBIC VIEW VIEW MISS	en reinstating) ADDITIONS IRENCE LONG AP, FL	CHANGES TO OUT TO THE TON TO THE	DATE OFFICERS BLUNK DR. =	AND DIRECT Change	ORS IN 12 Addition
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered a	ate of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOTE: If AND DIRECTORS	Registered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	r ADDRESS	PD LAW IBIC VIEW VIEW MISS	en reinstating) ADDITIONS IRENCE LONG AP, FL	CHANGES TO OUT TO THE TON TO THE	DATE OFFICERS SLUNK DR. =	AND DIRECT Change	ORS IN 12 Addition
office or ragent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered a	ate of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOTE: If AND DIRECTORS	Registered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	r ADDRESS	PD LAW IBIC VIEW VIEW MISS	en reinstating) ADDITIONS IRENCE LONG AP, FL	CHANGES TO OUT TO THE TON TO THE	DATE OFFICERS SLUNK DR. =	AND DIRECT Change	ORS IN 12 Addition
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered a	ate of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOTE: If AND DIRECTORS	Registered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	r ADDRESS	PD LAW IBIC VIEW VIEW MISS	en reinstating) ADDITIONS IRENCE LONG AP, FL	CHANGES TO OUT TO THE TON TO THE	DATE OFFICERS SLUNK DR. =	AND DIRECT Change Change Change	ORS IN 12 Addition Addition
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered a	ate of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOTE: If AND DIRECTORS	Registered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET	r ADDRESS	PD LAW IBIC VIEW VIEW MISS	en reinstating) ADDITIONS IRENCE LONG AP, FL	CHANGES TO OUT TO THE TON TO THE	DATE OFFICERS SLUNK DR. =	AND DIRECT Change	ORS IN 12 Addition Addition
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered a	ate of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOTE: I AND DIRECTORS DELETE	Registered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S	r ADDRESS	PD LAW IBIC VIEW VIEW MISS	en reinstating) ADDITIONS IRENCE LONG AP, FL	CHANGES TO OUT TO THE TON TO THE	DATE OFFICERS SLUNK DR. =	AND DIRECT Change Change Change	ORS IN 12 Addition Addition
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered a	ate of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOTE: I AND DIRECTORS DELETE	Registered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE	IT ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	PD LAW IBIC VIEW VIEW MISS	en reinstating) ADDITIONS IRENCE LONG AP, FL	CHANGES TO OUT TO THE TON TO THE	DATE OFFICERS SLUNK DR. =	AND DIRECT Change Change Change	ORS IN 12 Addition Addition
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered a	ate of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOTE: fAND DIRECTORS DELETE DELETE	13.	IT ADDRESS	PD LAW IBIC VIEW VIEW MISS	en reinstating) ADDITIONS IRENCE LONG AP, FL	CHANGES TO OUT TO THE TON TO THE	DATE OFFICERS SLUNK DR. =	AND DIRECT Change Change Change Change	ORS IN 12 Addition Addition
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered a	ate of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOTE: I AND DIRECTORS DELETE	Triple	IT ADDRESS	PD LAW IBIC VIEW VIEW MISS	en reinstating) ADDITIONS IRENCE LONG AP, FL	CHANGES TO OUT TO THE TON TO THE	DATE OFFICERS SLUNK DR. =	AND DIRECT Change Change Change	ORS IN 12 Addition Addition
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered a	ate of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOTE: fAND DIRECTORS DELETE DELETE	13.	IT ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	PD LAW IBIC VIEW VIEW MISS	en reinstating) ADDITIONS IRENCE LONG AP, FL	CHANGES TO OUT TO THE TON TO THE	DATE OFFICERS SLUNK DR. =	AND DIRECT Change Change Change Change	ORS IN 12 Addition Addition
office or ragent. I ai SIGNATURE 12. 111. NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered a	ate of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOTE: fAND DIRECTORS DELETE DELETE	Table Tabl	IT ADDRESS	PD LAW IBIC VIEW VIEW MISS	en reinstating) ADDITIONS IRENCE LONG AP, FL	CHANGES TO OUT TO THE TON TO THE	DATE OFFICERS SLUNK DR. =	AND DIRECT Change Change Change Change	ORS IN 12 Addition Addition
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered a	ate of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOTE: Flori DELETE DELETE DELETE DELETE DELETE	Triple	IT ADDRESS	PD LAW IBIC VIEW VIEW MISS	en reinstating) ADDITIONS IRENCE LONG AP, FL	CHANGES TO OUT TO THE TON TO THE	DATE OFFICERS BLUNK DR. =	AND DIRECT Change Change Change Change	ORS IN 12 Addition Addition Addition
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered a	ate of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOTE: fAND DIRECTORS DELETE DELETE	13. 1.1 TITLE	IT ADDRESS	PD LAW IBIC VIEW VIEW MISS	en reinstating) ADDITIONS IRENCE LONG AP, FL	CHANGES TO OUT TO THE TON TO THE	DATE OFFICERS BLUNK DR. =	AND DIRECT Change Change Change Change	ORS IN 12 Addition Addition Addition
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered a	ate of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOTE: Flori DELETE DELETE DELETE DELETE DELETE	Table Tabl	IT ADDRESS	PD LAW IBIC VIEW VIEW MISS	en reinstating) ADDITIONS IRENCE LONG AP, FL	CHANGES TO OUT TO THE TON TO THE	DATE OFFICERS BLUNK DR. =	AND DIRECT Change Change Change Change	ORS IN 12 Addition Addition Addition
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered a	ate of Florida. Such change was au igations of, Section 607.0505, Flori agent and title if applicable. (NOTE: Flori DELETE DELETE DELETE DELETE DELETE	Table Tabl	I ADDRESS	PD LAW IBIC VIEW VIEW MISS	en reinstating) ADDITIONS IRENCE LONG AP, FL	CHANGES TO OUT TO THE TON TO THE	DATE OFFICERS BLUNK DR. =	AND DIRECT Change Change Change Change	ORS IN 12 Addition Addition Addition

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, with all other like empowered.