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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90095 045 ***150.00

1. Corporation	MENT # 203979 AUTY CO.)							1			,
Principal Place	e of Business	Mailing	Address					F)		itêtî might êtêtî	Alan anak lasi	
7301 114 AVENUE NORTH 7301 114 ANENUE NO						- 1						
LARGO FL 3377		LARGO FL 33773				DO NOT WRITE IN THIS SPACE						
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2. Principal Place of Business		2a. Mailing Address				4	. FEI Number			A	oplied For]
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Suite, Apt. #, etc.		⊢	Suite, Apt. #, etc.			5	. Certifcate of Status D	esired			Additional	1
22			27								equired	4
City & State			City & State			6	 Election Campaign F Trust Fund Contributi 	-		-	May Be to Fees	
23		Zip	Zip Country			- .	. This corporation owe		nt vear In		<u>w i ees</u>	1
Zip Country 24 25		29 30				l °	Personal Property Ta		iii year iii	Yes	□No	1
241	9. Name and Address of Curre			1		10	. Name and Address	_	gistered	Agent		1
				81	Name							
	, ROBERT L			82	Street	Address (P.O. Box Number is No	t Acceptai	ole)			1
7301 114 AVENUE NORTH											1	
LARG	GO FL 33773			83								
				84	City	_				85 Zip	Code	1
			<u> </u>						FL			-
office or re	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida. Su	ich change was auth	orized by	tne corpo	oration's b	poard of directors. I her	eby accept	the appo	intment as re	egistered	1
agent. 1 ai SIGNATURE	m familiar with, and accept the obliga		ion 607.0505, Florida									
SIGNATURE	Signature, typed or printed name of registered ago	ent and title if applica	able. (NOTE: Re	gistered Ager		required when	reinstating)		DATE		DRS IN 12	á
SIGNATURE	Signature, typed or printed name of registered age		able. (NOTE: Re	gistered Ager		required when			DATE		ORS IN 12	11,00
SIGNATURE 12. IIILE	Signature, typed or printed name of registered agr OFFICERS AI	ent and title if applica	able. (NOTE: Re	gistered Ager 13. 1.1 TITLE		required when	reinstating)		DATE	ND DIRECT	_	(44,00)
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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 amaddress, with all other like empowered.

SIGNATURE: