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

PROFIT WA CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT# Corporation Name

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90106 041 ***150.00

CLEVEN	GER CORPUBATION									
Principal Place	e of Business	Mailing Address					1 18211 WWII WIN	# # # # # # # # # #		
PO BOX 367 PO BOX 3		10718 TUCKER ST. PO BOX 367 BELTSVILLE MD 20704-73	367			DO NOT W 3. Date Incorporated or Qualife	RITE IN THI	IS SPACE		
						'	zu -		-	
2. Principal P	lace of Business	2a. Mailing Address				07/17/1957 4. FEI Number		ΙΔr	plied For	
21	1200 01 000111000	26				52-0702240		<u> </u>	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.75		
22	San	27				5. Certifcate of Status Desired		Fee Re	quired	_
City & Stat		City & State				6. Election Campaign Financin	g 🗆	\$5.00	May Be	
23		28				Trust Fund Contribution	<u> </u>	Added	o Fees	
Zip	्रे े Country	Zip	·	untry		8. This corporation owes the cu	urrent year li	_=	_	
24	25 63	29	30	_		Personal Property Tax.		Yes	Z]No	
	9. Name and Address of Curre	ent Registered Agent		81	Nama	10. Name and Address of New	v Registered	d Agent		
ALLE	BRITTON, OWEN/S., ESQ.			"	Name					
	SOUTH GARDEN AVENUE			82	Street Addre	ess (P.O. Box Number is Not Acce	ptable)			
	ARWATER FL 33516			83	-,		1913H 811	All Marie		
				84	City	1 1 8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Color Tio	Code ***	
	PACE TREE A . A.			04	City		FI		oue	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat im familiar with and accept the oblig	e of Florida. Such change was pations of, Section 607.0505, F	authorize Iorida Sta	d by ti tutes.	the corporatior	n's board of directors. I hereby acc	cept the appo	of changing its ointment as re	registered gistered	
Signature	registered agent, or both, in the Stat im familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was pations of, Section 607.0505, F pent and title if applicable. (NO	authorize lorida Sta TE: Registere	d by ti tutes. d Agent	the corporatior	n's board of directors. I hereby acc	DATE	ointment as re	gistered	
SIGNATURE	registered agent, or both, in the Stat im familiar with, and accept the oblig Signature, typed or printed name of registered agency OFFICERS A	e of Florida, Such change was pations of, Section 607.0505, F gent and title if applicable. (NO ND DIRECTORS	authorize lorida Sta TE: Registere 13.	d by ti tutes.	the corporatior	n's board of directors. I hereby acc when reinstating) : (15" ADDITIONS/CHANGES TO C	DATE	ND DIRECTO	gistered PRS IN 12	
SIGNATURE 12.	registered agent, or both, in the Stati m familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A	e of Florida. Such change was pations of, Section 607.0505, F pent and title if applicable. (NO	authorize lorida Sta TE: Registere 13.	d by ti tutes. d Agent ITLE	the corporatior	n's board of directors. I hereby acc	DATE	ointment as re	gistered	
SIGNATURE 12. TITLE NAME	egistered agent, or both, in the Stat im familiar with, and accept the oblig Signature, typed or printed name of registered agency OFFICERS A P CLEVENGER, CLIFTON, JR	e of Florida, Such change was pations of, Section 607.0505, F gent and title if applicable. (NO ND DIRECTORS	TE: Registere 13. 1.1 T	d by ti tutes. d Agent ITLE	the corporation	n's board of directors. I hereby acc when reinstating) : (15" ADDITIONS/CHANGES TO C	DATE	ND DIRECTO	gistered PRS IN 12	
Signature 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A P CLEVENGER, CLIFTON, JR 10718 TUCKER STREET	e of Florida, Such change was pations of, Section 607.0505, F gent and title if applicable. (NO ND DIRECTORS	TE: Registere 13. 1.1 T 1.2 N	d by the tutes. d Agent ITLE AME	the corporation	n's board of directors. I hereby acc when reinstating) : (15" ADDITIONS/CHANGES TO C	DATE	ND DIRECTO	gistered PRS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A P CLEVENGER, CLIFTON, JR 10718 TUCKER STREET BELTSVILLE MD	e of Florida, Such change was pations of, Section 607.0505, F gent and title if applicable. (NO ND DIRECTORS	TE: Registere 13. 1.1 T 1.2 N	d by the tutes. d Agent TILE AME TREET	the corporation	n's board of directors. I hereby acc when reinstating) : (15" ADDITIONS/CHANGES TO C	DATE	ND DIRECTO	gistered PRS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered agency OFFICERS A P CLEVENGER, CLIFTON, JR 10718 TUCKER STREET BELTSVILLE MD VP	e of Florida. Such change was pations of, Section 607.0505, Figent and title if applicable. (NO ND DIRECTORS	TE: Registere 13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T	d by the tutes. d Agent TLE AME TREET / TITLE	the corporation	n's board of directors. I hereby acc when reinstating) : (15" ADDITIONS/CHANGES TO C	DATE	ointment as re	RS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered agency OFFICERS A P CLEVENGER, CLIFTON, JR 10718 TUCKER STREET BELTSVILLE MD VP ALBRIGHT, RODNEY	e of Florida. Such change was pations of, Section 607.0505, Figent and title if applicable. (NO ND DIRECTORS	TE: Registere 13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N	d by the tutes. d Agent TILE AME TITLE TITLE TITLE TITLE TITLE TITLE	ADDRESS	n's board of directors. I hereby acc when reinstating) : (15" ADDITIONS/CHANGES TO C	DATE	ointment as re	RS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered agency OFFICERS A P CLEVENGER, CLIFTON, JR 10718 TUCKER STREET BELTSVILLE MD VP ALBRIGHT, RODNEY 10718 TUCKER ST.	e of Florida. Such change was pations of, Section 607.0505, Figent and title if applicable. (NO ND DIRECTORS	### Authorize ### Indicates ### Authorize ### Indicates ##	d by the tutes. d Agent TILE AME STREET / STREET / TREET /	ADDRESS ADDRESS	n's board of directors. I hereby acc when reinstating) : (15" ADDITIONS/CHANGES TO C	DATE	ointment as re	RS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A P CLEVENGER, CLIFTON, JR 10718 TUCKER STREET BELTSVILLE MD VP ALBRIGHT, RODNEY 10718 TUCKER ST. BELTSVILLE MD	e of Florida. Such change was pations of, Section 607.0505, Figent and title if applicable. (NO ND DIRECTORS	### Authorize ### Indicates ### Authorize ### Indicates ##	d by the tutes. d Agent TLE AME TITLE TITLE AME TITLE AME TREET TREET CITY-ST	ADDRESS ADDRESS	n's board of directors. I hereby acc when reinstating) : (15" ADDITIONS/CHANGES TO C	DATE	ointment as re	RS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	registered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A P CLEVENGER, CLIFTON, JR 10718 TUCKER STREET BELTSVILLE MD VP ALBRIGHT, RODNEY 10718 TUCKER ST. BELTSVILLE MD S	e of Florida. Such change was pations of, Section 607.0505, F gent end title if applicable. (NO IND DIRECTORS DELETE	authorize 13	d by the tutes. d Agent TLE AME TITLE TITLE AME TITLE AME TREET TREET CITY-ST	ADDRESS ADDRESS	n's board of directors. I hereby acc when reinstating) : (15" ADDITIONS/CHANGES TO C	DATE	AND DIRECTO Change	RS IN 12 Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered agent. OFFICERS A P CLEVENGER, CLIFTON, JR 10718 TUCKER STREET BELTSVILLE MD VP ALBRIGHT, RODNEY 10718 TUCKER ST. BELTSVILLE MD S CLEVENGER, DAVID	e of Florida. Such change was pations of, Section 607.0505, F gent end title if applicable. (NO IND DIRECTORS DELETE	authorize 13	d by the tutes. ITLE AME ITLE AME ITLE AME ITLE ITLE ITLE ITTLE	ADDRESS ADDRESS	n's board of directors. I hereby acc when reinstating) : (15" ADDITIONS/CHANGES TO C	DATE	NND DIRECTO Change Change	RS IN 12 Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	registered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered agent P CLEVENGER, CLIFTON, JR 10718 TUCKER STREET BELTSVILLE MD VP ALBRIGHT, RODNEY 10718 TUCKER ST. BELTSVILLE MD S CLEVENGER, DAVID 10718 TUCKER STREET	e of Florida. Such change was pations of, Section 607.0505, F gent end title if applicable. (NO IND DIRECTORS DELETE	authorize 13. 1.1 1.2 1.3 1.4 0.2 1.7 2.2 0.3	d by the tutes. ITLE AME ITLE AME ITLE AME ITLE ITLE ITLE ITTLE	ADDRESS T-ZIP ADDRESS ADDRESS	n's board of directors. I hereby acc when reinstating) : (15" ADDITIONS/CHANGES TO C	DATE	AND DIRECTO Change	RS IN 12 Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS	registered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered agent. OFFICERS A P CLEVENGER, CLIFTON, JR 10718 TUCKER STREET BELTSVILLE MD VP ALBRIGHT, RODNEY 10718 TUCKER ST. BELTSVILLE MD S CLEVENGER, DAVID	e of Florida. Such change was pations of, Section 607.0505, F gent end title if applicable. (NO IND DIRECTORS DELETE	authorize 13. 1.1 1.2 1.3 1.4 0.2 1.7 2.2 0.3	d by the tutes. ITLE ITLE ITLE ITTLE IT	ADDRESS T-ZIP ADDRESS ADDRESS	n's board of directors. I hereby acc when reinstating) : (15" ADDITIONS/CHANGES TO C	DATE DEFICERS A	NND DIRECTO Change Change	PRS IN 12 Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered agent P CLEVENGER, CLIFTON, JR 10718 TUCKER STREET BELTSVILLE MD VP ALBRIGHT, RODNEY 10718 TUCKER ST. BELTSVILLE MD S CLEVENGER, DAVID 10718 TUCKER STREET	e of Florida. Such change was pations of, Section 607.0505, F gent and title if applicable. (NO IND DIRECTORS DELETE DELETE	authorize clorida Star 13.	d by the tutes. ITLE ITLE ITLE ITTLE IT	ADDRESS T-ZIP ADDRESS ADDRESS	n's board of directors. I hereby acc when reinstating) : (15" ADDITIONS/CHANGES TO C	DATE DEFICERS A	NND DIRECTO Change Change	PRS IN 12 Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTROL OF THE PARKET ADDRESS CITY-ST-ZIP CONTROL OF THE PARKET ADDRESS CITY-ST-ZIP CONTROL OF THE PARKET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Statum familiar with and accept the oblig Signature, typed or printed name of registered as OFFICERS A P CLEVENGER, CLIFTON, JR 10718 TUCKER STREET BELTSVILLE MD VP ALBRIGHT, RODNEY 10718 TUCKER ST. BELTSVILLE MD S CLEVENGER, DAVID 10718 TUCKER STREET BELTSVILLE MD	e of Florida. Such change was pations of, Section 607.0505, F gent and title if applicable. (NO IND DIRECTORS DELETE DELETE	### authorize #### ###############################	d by the tutes. ITLE AME TIREET / TITLE	ADDRESS T-ZIP ADDRESS ADDRESS	n's board of directors. I hereby acc when reinstating) : (15" ADDITIONS/CHANGES TO C	DATE DEFICERS A	NND DIRECTO Change Change	PRS IN 12 Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME NAME	registered agent, or both, in the Statum familiar with and accept the oblig Signature, typed or printed name of registered as OFFICERS A P CLEVENGER, CLIFTON, JR 10718 TUCKER STREET BELTSVILLE MD VP ALBRIGHT, RODNEY 10718 TUCKER ST. BELTSVILLE MD S CLEVENGER, DAVID 10718 TUCKER STREET BELTSVILLE MD	e of Florida. Such change was pations of, Section 607.0505, F gent and title if applicable. (NO IND DIRECTORS DELETE DELETE	### authorize #### ###############################	d by the tutes. ITLE AME TIREET / TITLE	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	n's board of directors. I hereby acc when reinstating) : (15" ADDITIONS/CHANGES TO C	DATE DEFICERS A	NND DIRECTO Change Change	RS IN 12 Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	registered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered agency of the color of t	e of Florida. Such change was pations of, Section 607.0505, F gent and title if applicable. (NO IND DIRECTORS DELETE DELETE	authorize clorida Stal TE: Registore 13. 1.1 T 12.N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 C 4.3 S 4.4 C 5.1 T	d by the total design of total design of the t	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS A	NND DIRECTO Change Change	PRS IN 12 Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Statum familiar with and accept the oblig Signature, typed or printed name of registered as OFFICERS A P CLEVENGER, CLIFTON, JR 10718 TUCKER STREET BELTSVILLE MD VP ALBRIGHT, RODNEY 10718 TUCKER ST. BELTSVILLE MD S CLEVENGER, DAVID 10718 TUCKER STREET BELTSVILLE MD	e of Florida. Such change was pations of, Section 607.0505, F gent and title if applicable. (NO IND DIRECTORS DELETE DELETE	authorize clorida Star 13.	d by the total design of total design of the t	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	n's board of directors. I hereby acc when reinstating) : (15" ADDITIONS/CHANGES TO C	DATE DEFICERS A	NND DIRECTO Change Change	RS IN 12 Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered agency of the control of the con	e of Florida. Such change was pations of, Section 607.0505, F gent and title if applicable. (NO IND DIRECTORS DELETE DELETE	### authorize #### ###############################	d by the tutes. If the tutes and agent If the tutes are tuted and tutes are tuted and tutes are tuted and tutes are tutes ar	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 2-ZIP ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS A	NND DIRECTO Change Change	RS IN 12 Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered agency of the color of t	e of Florida. Such change was pations of, Section 607.0505, F gent and title if applicable. (NO IND DIRECTORS DELETE DELETE DELETE DELETE	authorize clorida Stal TE: Registore 13. 1.1.T 12.N 1.3.S 1.4.C 2.1.T 2.2.N 2.3.S 2.4.C 3.1.T 4.2.C 4.3.S 4.4.C 5.1.T 5.2.N 5.3.S 5.4.C	d by the tutes. If Agent ITTLE IAME IA	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 2-ZIP ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS A	ND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition Addition	
SOFFICE OF TREE AGENTALIES TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	registered agent, or both, in the Statum familiar with and accept the oblig Signature, typed or printed name of registered agent P CLEVENGER, CLIFTON, JR 10718 TUCKER STREET BELTSVILLE MD VP ALBRIGHT, RODNEY 10718 TUCKER ST. BELTSVILLE MD S CLEVENGER, DAVID 10718 TUCKER STREET BELTSVILLE MD S CLEVENGER, DAVID 10718 TUCKER STREET BELTSVILLE MD	e of Florida. Such change was pations of, Section 607.0505, F gent and title if applicable. (NO IND DIRECTORS DELETE DELETE	### authorize ### ### ### ### ### ### ### ### ### #	d by the tutes. If the same of the same o	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 2-ZIP ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS A	NND DIRECTO Change Change	RS IN 12 Addition Addition Addition	
SOFFICE OF TREE Agent. La SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered agent P CLEVENGER, CLIFTON, JR 10718 TUCKER STREET BELTSVILLE MD VP ALBRIGHT, RODNEY 10718 TUCKER ST. BELTSVILLE MD S CLEVENGER, DAVID 10718 TUCKER STREET BELTSVILLE MD S CLEVENGER, DAVID 10718 TUCKER STREET BELTSVILLE MD	e of Florida. Such change was pations of, Section 607.0505, F gent and title if applicable. (NO IND DIRECTORS DELETE DELETE DELETE DELETE	authorize ellorida Star 13. TE: Registore 11.1 1.1 1.2 1.3 1.4 2.1 2.3 2.4 3.1 3.2 3.4 4.2 4.3 4.4 5.1 5.2 5.4 6.1 6.2	d by the tutes. ITLE AME TREET / ITLE AME TREET / TITLE T	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS A	ND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition Addition	
SOFFICE OF TREE AGENTALIES TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	registered agent, or both, in the Statum familiar with and accept the oblig Signature, typed or printed name of registered agent P CLEVENGER, CLIFTON, JR 10718 TUCKER STREET BELTSVILLE MD VP ALBRIGHT, RODNEY 10718 TUCKER ST. BELTSVILLE MD S CLEVENGER, DAVID 10718 TUCKER STREET BELTSVILLE MD S CLEVENGER, DAVID 10718 TUCKER STREET BELTSVILLE MD	e of Florida. Such change was pations of, Section 607.0505, F gent and title if applicable. (NO IND DIRECTORS DELETE DELETE DELETE DELETE	### authorize ### authorize ### ### ### ### ### ### ### ### ### #	d by the tutes. ITLE AME TREET / ITLE AME TREET / TITLE T	ADDRESS T-ZIP	when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS A	ND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition Addition	

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.

SIGNATURE: