## 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 # 255562

1. Corporation Name

Principal Place of Business	Mailing Address P O BOX 15636 WEST PALM BCH FL 33416 US			
7733 HOOPER RD W PALM BCH FL 33411				
2. Principal Place of Business	2a. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State - 22	City & State			
Zip Country	Zip	Country		

## **FILED** Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90004 013 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/31/1962 4. FEI Number Applied For 59-0954964 Not Applicable \$8.75 Additional 5. Certifcate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible **Yes** □No 30 Personal Property Tax. 29 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PEPIN, RICHARD C 82 Street Address (P.O. Box Number is Not Acceptable) 7733 HOOPER RD. WEST PALM BEACH FL 33411 83 Zip Code 84 City 85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
12. ×	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE 1	TS	☐ DELETE	1.1 TITLE		☐ Change	Addition			
NAME	LUIKART, MELANIE P.		1.2 NAME						
STREET ADDRESS	2657 STARWOOD CIR.	•	1.3 STREET ADDRESS						
CITY-ST-ZIP	W PALM BCH, FL 00000		1,4 CfTY-ST-ZIP						
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition			
NAME	PEPIN, RONALD L		2.2 NAME						
STREET ADDRESS	1524 ISLAND SHORES DR.		2.3 STREET ADDRESS						
CITY-ST-ZIP	WEST PALM BEACH FL		2. 4 CITY-ST-ZIP						
TITLE	Р	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition			
NAME	Pepin, richard =	يهاف يوني سداد	'3.2 NAME'	<u> </u>	-				
STREET ADDRESS	2636 STARWOOD CR		3.3 STREET ADDRESS	•					
CITY-ST-ZIP	W PALM BCH, FL 00000		3.4. CITY-ST-ZIP						
TITLE		☐ DELETE	4,1 TITLE		☐ Change	☐ Addition			
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP	•		4,4 CITY-ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE	HEGN	Change	☐ Addition			
NAME	•		5.2 NAME		•				
STREET ADDRESS			5.3 STREET ADDRESS	# E					
CITY-ST-ZIP			5.4 CITY-ST-ZIP	/:::::::./					
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition			
NAME			6.2 NAME		1				
STREET ADDRESS			6.3 STREET ADDRESS						
CITY-ST-ZIP			6.4 CITY-ST-ZIP 👶						

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 (207(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report in 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 tustee impowered to execute this report as required by Change 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:** 

(561)793-2443