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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 304148

1. Corporation Name

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

04-21-1999 90133 008 ***150.00

MINITOAR	no inconfonated							
Principal Place	e of Business	Mailing Address				יינים וועו נעמוע וועוו נעמוע מואנו אואס ווווא אואסע ווווא אואסעון ו		HI BIBIS BIBIS 1881
9741 CASEY DR. 9741 CASEY DR. NEW PORT RICHEY FL 34654-0507 NEW PORT RICHEY FL 34654				-0507		DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		
						04/13/1966		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For
21 26						59-1116833	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.7	5 Additional
22 27						5. Certificate of Status Desired	Fee	Required
	City & State City & State			· ·		6. Election Campaign Financing	\$5.0	May Be
23	28					Trust Fund Contribution		ed to Fees
Zip	Country Zip		Country			8. This corporation owes the current year in	tangible	
24	25	29	30			Personal Property Tax.	Yes Yes	□No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered	Agent	
				81	Name			
	igers, G.J.		-	92	Street Addre	ss (P.O. Boy Number is Not Acceptable)		
9741 CASEY DR			[82 Street Address (P.O. Box Number is Not Acceptable)				
NEW	PORT RICHEY FL 34654	•		83				
				\perp			last 7	- 0-1-
			l'	84	City	FI	_ 85 Z	ip Code
l office or n	egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was au pations of, Section 607.0505, Flori	thorized da Statui	by th	ne corporation	ration submits this statement for the purpose of solutions of directors. I hereby accept the appointment of the purpose of the	eintment as	registered
12.		ND DIRECTORS	13.	-gont a	BIGHTELEN TO	ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12
TITLE	VPD	☐ DELETE	1.1 TITL	E			Chan-	
NAME	OEHLER,J M	1.2 N		ΜË				
STREET ADDRESS	7931 BRACKEN DR.		1.3 STREE		ODRESS			
CITY-ST-ZIP	PORT RICHEY FL		1.4 CITY-S			•		
TITLE	PTS	☐ DELETE -	2.1 TITLE				Chan	ge Addition
NAME	RODGERS,G J	_	2.2 NAME		1			1
STREET ADDRESS	9741 CASEY DR.				ADDRESS :			j
				2.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE			3.1 TITL				☐ Chan	ge Addition
NAME		_	3.2 NA					Ì
STREET ADDRESS					4			
CITY-ST-ZIP		•	3.3 STR	REETA	DORESS			
TITLE		•	1		DORESS			
NAME		DELETE	3.3 STR 3.4. CIT 4.1 TITL	Y-\$T-	1		Chan	ge Addition
		DELETE	3.4. CIT 4.1 TITL	Y-ST- LE	1		☐ Chan	ge Addition
1		☐ DELETE	3.4. CIT 4.1 TITL 4. 2 NA	Y-ST- LE ME	ZIP		☐ Chan	ge Addition
STREET ADDRESS		DELETE	3.4. CIT 4.1 TITL 4. 2 NA 4.3 STE	Y-ST- LE ME REET A	ZIP ADDRESS	· · · · · · · · · · · · · · · · · · ·	☐ Chan	ge Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ DELETE	3.4. CIT 4.1 TIT 4.2 NA 4.3 STF 4.4 CIT 5.1 TIT 5.2 NA 5.3 STF 5.4 CIT 6.1 TIT 6.2 NA	Y-ST-LE ME REET A Y-ST-LE ME REET A Y-ST-LE ME REET A	ADDRESS ZIP ADDRESS		☐ Chan	ge 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: