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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 309072

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Principal Plac	e of Business		Mail	ing Address				1	I YOUSAN IIJII BARSA FASSI ANIIY INBEN IINI AIAIT	I JUNI I I I I I I	TYDSI DIQ	
P.O. BOX 282 P O BOX 1715												
COCOA FL 32922 CAPE CANAVERAL FL 32920									DO NOT WOTE IN THE	CDACE		
			US					<u>_</u>	DO NOT WRITE IN THIS Date Incorporated or Qualifed	SPACE		
1								3.	09/14/1966			
2. Principal P	lace of Business		2a. I	Mailing Address				4.	FEI Number		Appl	ied For
21			26					L_	59-1220558			Applicable
Suite, Apt.	#, etc.	· · · · · ·	27	Suite, Apt#, etc	,		is 12 April	5.	Certificate of Status Desired		75 Ad e Requ	lditional uired
City & Stat				City & State		_		6	Election Campaign Financing	\$5	00 M	lav Be
23			28				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
Zip		Country		Zip	Count	try		8.	This corporation owes the current year In	tangible		
24	25		29		30			_	Personal Property Tax.	☐ Yes		No
	9. Name and	d Address of Current	Registe	red Agent				10.	Name and Address of New Registered	Agent		
KIDE	N WEC				8	31	Name					
	BY, WES	•			E	32	Street Addre	ss (P	P.O. Box Number is Not Acceptable)			
330 MONROE AVE. CAPE CANAVERAL FL 32920												
CAP	E CANAVENAI	L FL 32320			8	93						
					1	34	City		FI	85	Zip Co	ode
dd Dunayant	to the proviology	of Sections 607 0502	224 603	7 1EOR Florida Statu	toe the abo		named corne	ratio			a its r	nistered
office or r	egistered agent,	or both, in the State o	f Florida	Such change was	authorized l	by I	the corporation	's bo	n submits this statement for the purpose opard of directors. I hereby accept the appo	intment a	ıs regi	stered
	m tamiliar with,	and accept the obligation	ons or, a	Section our.coup, Fi	onda Statut	es.						
SIGNATURE	Signature, typed or pr	inted name of registered agent	and title of a	applicable. (NOT	E: Registered A	gent	signature required	when r	einstating) DATE			
12.		OFFICERS AND	DIREC	TORS	13.	_		/	ADDITIONS/CHANGES TO OFFICERS A			
TITLE	PV			☐ DELETE	1.1 TITU	E				☐ Cha	nge	Addition
NAME	KIRBY,WES	-			1.2 NAM	Œ	Ì					
STREET ADDRESS	4430 DIXON		_		1.3 STR	EET	ADDRESS					
CITY+ST-ZIP	COCUA FL	<u> 330-8 Mo</u>	N POT	E AVE	1.4 CITY	_	-ZIP					
TITLE	ST	CAPE CANA	veea	L'ELLI DELETE	2.1 TTL					Cha	nge	☐ Addition
NAME	KIRBY, WES	•		0 = , = ,	2.2 NAM							
STREET ADDRESS	1430 DIXUN	BLVD 330-B A	NOR	DEAVE			ADDRESS		~ .			
CITY-ST-ZIP	COCOA II	CAPE CANE	VEG	DELETE			- ZtP			Cha		Addition
TITLE				LJUCLEIE	3.1 TITL						igo	
NAME	A	Title Add I		_						L Спа		
l	WIREY-MAR			 -	3.2 NAM	Ε	+DDD=00			ССПА		
STREET ADDRESS	- 1130 DIXON	BEVD		_	3.3 STRI	EET	ADDRESS			∐ Cna		
CITY-ST-ZIP	4130 DIXON	BEYO	~ ~~	∏ NELETE	3.3 STRI 3.4. CIT	EET Y- <u>S</u> 7					nge	[] Addition
CITY-ST-ZIP	-1130 DIKON	664D		☐ DELETE	3.3 STRI 3.4. CITA 4.1 TITU	EET Y-57 E				□ Cha	nge	Addition
CITY-ST-ZIP TITLE NAME	-1130 DIXON	8240 -8240	·	☐ DELETE	3.3 STRI 3.4. CITI 4.1 TITLI 4.2 NAM	EET Y-S7 E	r-ZIP				nge	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	HISO DIXON	BEVD	<u></u>	☐ OELETE	3.3 STRI 3.4. CITY 4.1 TITLI 4. 2 NAA 4.3 STRI	EET Y-ST E VIE EET.	ADDRESS				nge	
CITY-ST-ZIP TITLE NAME	HISTORY DIXON			☐ DELETE	3.3 STRI 3.4. CITI 4.1 TITLI 4.2 NAM	EET Y-ST E ME EET.	ADDRESS					
CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP	+130 DIXON				3.3 STRI 3.4. CITY 4.1 TITU 4. 2 NAA 4.3 STRI 4.4 CITY	EET Y-ST E EET. GET.	ADDRESS			Cha		٤
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	+130 DIXON				3.3 STRI 3.4 C/T) 4.1 TITU 4.2 NAA 4.3 STRI 4.4 C/T/Y 5.1 TITU 5.2 NAAM	EET Y-ST E EET EET.	ADDRESS			Cha		٤
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	+130 DIXON				3.3 STRI 3.4 C/T) 4.1 TITU 4.2 NAA 4.3 STRI 4.4 C/T/Y 5.1 TITU 5.2 NAAM	EET Y-ST E EET. GET. EET.	ADDRESS -ZIP ADDRESS			Cha		٤
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	+130 DIXON	9:40 9:40			3.3 STRI 3.4 C(T) 4.1 TITU 4.2 NAA 4.3 STRI 4.4 C(T) 5.1 TITU 5.2 NAM 5.3 STRI	EET Y-ST E ME EET. F EET. E EET.	ADDRESS -ZIP ADDRESS			Cha	nge	٤
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	THE DIXON	建筑		☐ DELETE	3.3 STRI 3.4. CITY 4.1 TITU 4. 2 NAA 4.3 STRI 4.4 CITY 5.1 TITU 5.2 NAM 5.3 STRI 5.4 CITY	EET Y-ST E EET -ST E EET.	ADDRESS -ZIP ADDRESS		,	☐ Cha	nge	. 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 trusted 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.

6.4 CRY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

407-784-0240