PROFIT CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State PARISION OF CORPORATIONS

## Feb 22, 1999 8:00 am Secretary of State 02-22-1999 90062 015 \*\*\*150.00

| i. Corporado  |  |                                  |  |  |  |  | <b>⊣</b> ∶              |                |  |                                 |                      |                    |  |                   |  |           |
|---|--|----------------------------------|--|--|--|--|-------------------------|----------------|--|---------------------------------|----------------------|--------------------|--|-------------------|--|-----------|
| C.P.M. C  | MENT # 368735<br>OF GAINESVILLE, INC.  |                                  |  |  |  |  | ا                       | <u> </u>       | 1 <b>18</b> 140 507  |                                 | 1) <u> </u>          | <b>in e</b> n esti |  |                   |  |           |
|   |  |                                  | nisine Addenna   |  |  |  |                         | -              |  |                                 |                      |                    |  |                   |  |           |
| Principal Plac  |  |                                  | ailing Address   |  |  |  | j                       |                |  |                                 |                      |                    |  |                   |  |           |
| P. O. BOX 130   |  |                                  | o. Box 1309<br>of Se 15th Street   |  |  |  |                         |                |  |                                 |                      |                    |  |                   |  |           |
| 1101 SE 15TH<br>GAINESVILLE F   |  |                                  | INESVILLE FL 32601   |  |  |  | 1                       |                |  | DO N                            | OT WRI               | TE IN THI          | S SPACE  | :                 |  | _         |
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|   |  |                                  |  |  |  |  |                         |                | 4/197  | 0                               |                      |                    |  | <del>,</del>      |  | ]         |
| 2. Principal P  | Place of Business  | 2a                               | , Malling Address  |  |  |  | 1                       |                | umber  | _                               |                      |                    | <u> </u>   | <u> </u>          | lied For   | 4         |
| 21  |  | 26                               |  |  |  |  |                         | <u>59-1</u>    | <u>48206</u>   | <u> </u>                        |                      |                    | <u> </u>   |                   | Applicable<br>aditional  | ┥         |
| Suite, Apt. #, etc.   |  |                                  | Suite, Apt. #, etc.  | Suite, Apt. #, etc.  |  |  | 5.                      | Certifi        | cate of S  | Status D                        | esired               |                    | . <b>⊅0.</b><br>- Fe   |                   |  | 1.        |
| 22  |  | 27                               | City & State   |  |  |  | -                       | Electi         | on Cam   | paign Fi                        | nancina              |                    |  |                   | May Be   | 1         |
|   |  |                                  |  |  |  | •  |                         |                | ontributk  | -                               |                      | -                  |  | Fees              |  |           |
| Zip   | Country  | 28                               | Zip  | Cour   | ntry   |  | ∠ -8.                   |                |  |                                 |                      | ent year l         | ntengible  | ـ قد -            |  | 1_        |
| 24  | 25   | 29                               |  | 30   |  |  |                         | **             | •  | perty Tax                       |                      | -                  | ☐ Yes  |                   | □No  | 4         |
|   | 9. Name and Address of Curren  | nt Regis                         | tered Agent  |  |  |  | 10.                     | Nami           | A bns  | ddress                          | of New I             | Registere          | d Agent  |                   |  | 4         |
|   |  |                                  |  |  | 81   | Name   | 1.T.S                   | S.             | тнк  | LOSE                            | EN                   |                    |  |                   |  |           |
|   | XSERK AND  |                                  |  | ľ  | 82   | Street Addre   | ess (P                  | O. Bo          | x Numb   | er is No                        | t Accepta            | ible)              |  |                   |  | 1         |
|   | DANK XIKTEKANEX  |                                  |  | \ \  |  | <u> </u>   | <u> 20  </u>            | N.W            | . 18   | IH AV                           | ENUE                 |                    |  |                   |  | 4         |
| KAR   | ALEGARITATE X SERVIX   |                                  |  |  | 83   |  |                         |                |  |                                 | _                    |                    |  |                   |  | Ĺ         |
|   |  |                                  |  | - 1  | 84   | City CA  | TNP                     | CVII           | LLE,   |                                 |                      | · F                | 1 1 1  | Zip C             |  |           |
|   |  |                                  |  |  |  |  |                         |                |  |                                 |                      |                    |  | 326               | ns r   | •         |
| 44 0  | 4 th   | 2 and C                          | OT 1509 Elorida Statute  | e tha ah   |  | named como   | ration                  | subm           | its this   | statemer                        | nt for the           | ригрозе (          | f changin  | gilsr             | egistered,   | 7         |
| 11. Pursuant office or i  | to the provisions of Sections 607.050 registered agent, or both, in the State  | 2 and 6<br>of Florid             | 07.1508, Florida Statutes<br>da. Such change was au                              | s, the ab<br>thorized  | bove-r<br>by th  | named corpo<br>e corporation   | oration<br>n's bo       | subm           | its this director  | statemer<br>s. I here           | nt for the           | purpose of the app | of changin<br>pintment   | g ils r<br>es reg | stere  | 45        |
| 11. Pursuant office or agent. I a   | to the provisions of Sections 607.050 registered agent, or both, in the State of facilities with and accept the obligations of the control of | 2 and 6<br>of Florid<br>tions of | 07.1508, Florida Statutes<br>da. Such change was au<br>, Section 607.0505, Flori | s, the ab<br>thorized<br>da Statu  | bove-r<br>by thutes.   | named corporation  | oration<br>n's bo       | subm<br>and of | director   | statemer<br>rs. I here          | nt for the aby acces | purpose of the app | of changin<br>pintment   | g ils r<br>es reg | egistered<br>istered   | 45        |
| 11. Pursuant<br>office or i<br>agent. I a   | William Ben  |                                  |  |  |  | named corporation  | oration<br>n's bo       | submodule of   | director   | <u> 17 7</u>                    | 7                    | purpose of the app | of changin<br>pintment   | g ils r           | Sc.  | 15        |
| L .   |  | ni and title                     | f applicable. (NOTE: F   |  |  | named corporation e corporation in c | oration<br>n's bo       | submodule of   | director   | <u> 17 7</u>                    | 7                    | purpose of the app | of changin<br>pintment   | g ils reg         | STIN (2)   | 45        |
| SIGNATURE   | Signature, typed of printed rathe of registered ages   | ni and title                     | if applicable. (NOTE: F  | Registered :   | Agent si   | named corporation e corporation required   | ration<br>n's bo        | submound of    | director   | HANGE:                          | 7                    | purpose of the app | of changin<br>pintment   | g ils reg         | Sc.  | -         |
| SIGNATURE   | Signature, typed of priviled rathe of registered ages OFFICERS AN  | ni and title                     | f applicable. (NOTE: F   | Registered .   | Agent s  | named corporation of the corpora | oration n's bo          | submard of     | director<br>director<br>NONS/C   | HANGE:                          | S TO OF              | purpose of the app | of changin<br>pintment   | g ils reg         | STIN (2)   | -         |
| SIGNATURE 12. TITLE   | Signature, typed of profiled rathe of registered ager OFFICERS AN PSD THE LOSEN, KAY S 7520 N.W. 18TH AVE  | ni and title                     | f applicable. (NOTE: F   | 13.<br>1.1 TIT<br>1.2 NA<br>1.3 STI  | Agent si   | named como e corporation de corporat | when m                  | submond of     | director<br>director<br>NONS/C   | HANGE:<br>ELER<br>IH PI         | S TO OF              | purpose of the app | of changin<br>pintment   | g ils reg         | STIN (2)   | -         |
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| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP              | Signelare, typed of priviled rather of registered ager OFFICERS AN PSD THE LOSEN, KAY S 7520 N.W. 18TH AVE GAINESVILLE FL V THE LOSEN, WILLY 7520 N.W. 18TH AVE. GAINESVILLE FL VP THE LOSEN, WELLS S. 7520 NW 18TH AVE GAINESVILLE FL GAINESVILLE FL  | ni and title                     | Explicable. (NOTE: FECTORS  **MOELETE  *********************************         | 13. 1.1 TIT 12 NA 1.3 STI 1.4 CAT 2.1 TITI 2.2 NAI 2.3 STI 3.2 NA 4.3 STI 5.2 NA 5.3 STI 5.4 CAT 5.4 CAT 5.5 STI 5.4 CAT 5.5 C | Agent at Agent Age | DORESS ZP DORESS ZP DORESS ZP DORESS ZP DORESS   | when m                  | RT I           | directors direct | HANGE: EIER IH PI 3269          | ACE<br>93            | purpose of the app | Cha  | g ils r reg       | STN 12  STN 12  Addition  Addition   | CR2E034 / |
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| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME | Signature, typed of priviled rather of registered ager  OFFICERS AN  PSD THE LOSEN, KAY S 7520 N.W. 18TH AVE GAINESVILLE FL  V THE LOSEN, WILLY 7520 N.W. 18TH AVE. GAINESVILLE FL  VP THE LOSEN, WELLS S. 7520 NW 18TH AVE GAINESVILLE FL  VP GAINESVILLE FL  VP THE LOSEN, WELLS S.  | ni and title                     | Explicable. (NOTE: FECTORS  **MOELETE  *********************************         | 13. 1.1 TIT 12 MA 1.3 STI 1.4 CAT 2.1 TIT 2.2 NA 2.3 STI 3.2 NA 3.3 STI 4.2 NA 4.3 STI 5.2 NA 5.3 STI 5.4 CAT 6.1 TIT 6.2 NA   | Agent at Agent Age | DORESS ZP DORESS ZP DORESS ZP DORESS ZP DORESS   | when m                  | RT I           | directors direct | HANGE: EIER IH PI 3269          | ACE<br>93            | purpose of the app | Cha  | g ils r reg       | Report Stereof | CR2E034 / |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE       | Signature, typed of priviled rather of registered ager  OFFICERS AN  PSD THE LOSEN, KAY S 7520 N.W. 18TH AVE GAINESVILLE FL  V THE LOSEN, WILLY 7520 N.W. 18TH AVE. GAINESVILLE FL  VP THE LOSEN, WELLS S. 7520 NW 18TH AVE GAINESVILLE FL  VP GAINESVILLE FL  VP THE LOSEN, WELLS S.  | ni and title                     | Explicable. (NOTE: FECTORS  **MOELETE  *********************************         | 13. 1.1 TIT 12 MA 1.3 STI 1.4 CAT 2.1 TIT 2.2 NA 2.3 STI 3.4 CAT 3.1 TIT 4.2 NA 3.3 STI 4.4 CAT 5.1 TIT 5.2 NA 5.3 STI 5.4 CAT 6.3 STI 6.4 STI 6.5 NA 6.5 NA 6.5 STI 6.5 NA 6.5 | Agent at Agent Age | DORESS ZIP DORESS  | when m                  | RT I           | directors direct | HANGE: EIER IH PI 3269          | ACE<br>93            | purpose of the app | Cha  | g ils r reg       | Report Stereof | CR2E034 / |

14. Thereby 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 cartify 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 calls, that I am an officer or director of the corporation or the reporter 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 chapted of on empirichment with an address, with all other like empowered.

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Mi the Cae GRATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR 1/12/99

352-376-4436

Daylume Phone #