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

**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # 474 FO



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90158 035 \*\*\*150.00

1. Corporation UP—RAD	II Haille	" 4/156/									
Principal Place of Business			M	Mailing Address						BIBII 91811 1881	
22256 MONTEREY PLACE			P.	P. O. BOX 289							
LEONARDTOWN MD 20650 US								DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  02/10/1075			
				LEONARDTOWN MD 20650 US							
2. Principal Place of Business				2a. Mailing Address				03/10/1975 4. FEI Number	- Ar	pplied For	l
7			ļ.,	26				59-1596129	ļi	ot Applicable	l
Suite, Apt. #, etc.				Suite, Apt. #, etc.				_	\$8.75	Additional	
22			27	27				5. Certifcate of Status Desired	Fee R	equired	
City & State			-  <del>-</del> -'	City & State				6. Election Campaign Financing \$5.00 May Be			
23				28				Trust Fund Contribution Added to Fees			
Zip Country				Zip Co				8. This corporation owes the current year I		_	İ
24		25	29		30			Personal Property Tax.	☐ Yes	□No	
	9. Name	and Address of Curren	t Regi	stered Agent				10. Name and Address of New Registere	d Agent		ł
						81	Name				İ
JAMES, CAROL				82			Street Addre	ess (P.O. Box Number is Not Acceptable)		<u> </u>	
781 JORDON COURT				83							1
SUITE 702				ļ							
OVIEDO FL 32765  11. Pursuant to the provisions of Sections 607,0502							City	F	L 85 Zip	Code	İ
office or r agent. I a SIGNATURF	ım familiar wi	ent, or both, in the State of th, and accept the obligation or printed name of registered ager  OFFICERS AN	tions o	if applicable. (NOTE	Registered	Ageni		d when reinstating)  OATE  ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12	1/08)
TITLE	P			☐ DELETE	1.1 T	TLE			Change	☐ Addition	1
NAME	UPDEGRAVE, KAREN M.					1.2 NAME					3
STREET ADDRESS							ADDRESS				ũ
CITY-ST-ZIP	LEONARDTOWN MD 20650			- DELETE		1.4 CITY-ST-ZIP			☐ Change	Addition	5
TITLE	ST			☐ DELETE	1	2.1 TITLE 2.2 NAME			□ cuando		
NAME	UPDEGRAVE, STEPHEN W.										1
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP	LEONARI	TOWN MD 20650		☐ DELETE	2. 4 C		1-219		☐ Change	Addition	1
TITLE					3.1 II				_ "	_	
NAME							ADDRESS				
STREET ADDRESS	{					ITY-S'					{
TITLE				☐ DELETE	4.1 TI		1-21		Change	Addition	1
NAME					4. 2 N						
STREET ADDRESS	}						ADDRESS				
CITY-ST-ZIP						TY-S1	i				
TITLE	1			☐ DELETE	5.1 TI				Change	Addition	}
NAME	1				5.2 N	AME					
STREET ADDRESS					5.3 ST	TREET	ADDRESS				
CITY-ST-ZIP					5.4 CI	ITY-\$1	r-ZIP				
TITLE				☐ DELETE	6.1 TI	πE			Change	☐ Addition	]
NAME	-				6.2 N	AME					
STREET ADDRESS					6.3 ST	TREET	ADDRESS				
CITY-ST-ZIP					6.4 CI	ITY-\$1	T-ZIP				]

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: