## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jul 30, 1999 8:00 am Secretary of State

07-30-1999 90008 009 \*\*\*550.00

| DOCU<br>1. Corporatio   | MENT #  | 518522  |   |  |  |  |   |                    |  |                            |  |                            |                    |
|---|---|---|---|--|--|--|---|--------------------|--|----------------------------|--|----------------------------|--------------------|
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| Principal Plac  |   |   | Mailing /   |  |  |  |   |                    |  |                            |  |                            |                    |
| 37921 FLOWERTREE LANE 37921 FLOWERTREE LANE<br>GRAND ISLAND FL 32735 GRAND ISLAND FL 32735  |   |   |   |  |  |  |   | \<br>\             |  |                            |  |                            |                    |
| GRAND ISLAND  | ) FL 32/33  |   | ONAINU IO   | SLAND FL 32/33   |  |  |   |                    | DO NOT WRIT  | E IN THIS                  | SPACE  |                            |                    |
|   |   |   |   |  |  |  |   | İ                  | 3. Date Incorporated or Qualified  | _                          |  | -                          |                    |
|   |   |   |   |  |  |  |   | .                  | 11/10/1976   |                            |  |                            |                    |
| 2. Principal P  | Place of Business   | -   | 2a. Maili   | ng Address   |  |  |   |                    | 4. FEI Number  | _                          |  | Applied                    | For                |
| 21  |   |   | 26  |  |  |  |   | }                  | 59-1701635   |                            |  | Not App                    | licable            |
| Suite, Apt.   | #, etc.   |   | Suite   | , Apt. #, etc.   |  |  |   |                    | 5. Certificate of Status Desired   |                            | \$8.7  | 5 Additio                  | onal               |
| 22  |   |   | 27  |  |  |  |   |                    | 5. Certificate of Status Desired   |                            | Fee  | Require                    | d                  |
| City & Stat   | te  |   | City  | & State  |  |  |   |                    | 6. Election Campaign Financing   |                            | \$5.   | 00 May I                   | Be                 |
| 23  |   |   | 28  |  | _,   |  |   |                    | Trust Fund Contribution  |                            | Add  | ed to Fee                  | s                  |
| Zip   | (·  | Country   | Zip   |  | Coւ  | untry  |   | -                  | 8. This corporation owes the curre   | • –                        | 1  | <b>—</b>                   | ţ                  |
| 24  | 25  |   | 29  |  | 30   |  |   |                    | Intangible Personal Property.  |                            | Yes  | <u>    No</u>              |                    |
|   | 9. Name and   | Address of Curren   | t Registered  | Agent  |  | 81   | Name  |                    | 10. Name and Address of New Ro   | egistered A                | gent   |                            |                    |
| KING  | G, IVY J.   |   |   |  |  | "  | Name  |                    |  |                            |  |                            |                    |
|   | 37 YALE CIR   |   |   |  |  | 82   | Street A  | Addres             | s (P.O. Box Number is Not Acceptate  | ole)                       |  |                            |                    |
|   | SBURG FL 3478   | •   |   |  |  |  |   |                    |  |                            |  |                            |                    |
| LLL   | 300NG 1 E 3470  | •   |   |  | •  | 83   |   |                    |  |                            |  |                            | Ì                  |
| ļ   |   |   |   |  |  | 84   | City  |                    | ·  |                            | 85 2   | ip Code                    |                    |
|   |   |   |   |  |  | Ш  |   |                    |  | <u>FL</u>                  | Ш.   |                            |                    |
|   |   |   |   |  |  |  |   |                    |  |                            |  |                            |                    |
| 11. Pursuan   | t to the provisions   | of sections 607.0503  | 2 and 607.150<br>of Florida, Su                               | 8, Florida Statut  | es, the ab   | oove-r   | named co  | orporat<br>oration | tion submits this statement for the put  | rpose or cha<br>the appoin | inging it:<br>tment a:   | s registere<br>s registere | ed<br>ed           |
| office or   | registered agent.   | of sections 607.050;<br>or both, in the State<br>and accept the obligation                                | of Florida. Su  | ich change was   | authorize  | ed by t  | the corpo   | orporat<br>oration | ion submits this statement for the pur<br>'s board of directors. I hereby accept | the appoin                 | inging it:<br>tment as   | registere<br>registere     | ed<br>ed           |
| office or   | registered agent,<br>am familiar with, a  | or both, in the State<br>and accept the obliga  | of Florida. Su<br>ations of, secti                            | ich change was<br>ion 607.0505, Fi   | authorize<br>lorida Sta  | ed by to   | the corpo   | oration            | 's board of directors. I hereby accept   | the appoin                 | inging it:<br>tment a:   | registere                  | ed<br>ed           |
| office or<br>agent. I<br>SIGNATURE  | registered agent,<br>am familiar with, a  | or both, in the State and accept the obligated name of registered age.                                    | of Florida. Su<br>ations of, secti<br>nt and title if applica | ich change was<br>ion 607.0505, Fl   | authorize<br>lorida Sta<br>IOTE: Registe   | ed by to   | the corpo   | oration            | 's board of directors. I hereby accept d when reinstating)                       | DATE                       | tment as   | registere                  | ed                 |
| office or agent. I SIGNATURE 12.  | registered agent,<br>am familiar with, a<br>Signature, typed or prin  | or both, in the State<br>and accept the obliga  | of Florida. Su<br>ations of, secti<br>nt and title if applica | ich change was<br>ion 607.0505, Fl   | authorize<br>lorida Sta<br>IOTE: Regista<br>13.  | ed by tutes.   | the corpo   | oration            | 's board of directors. I hereby accept   | DATE                       | DIREC  | TORS IN                    | ed<br>—<br>√ 12    |
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| office or agent. I SIGNATURE  12. TITLE NAME STREET ADDRESS   | registered agent, am familiar with, a Signature, typed or prin D HAWKINS, KA 37941 FLOWE  | or both, in the State and accept the obligated name of registered age: OFFICERS AN Y RTREE LANE           | of Florida. Su<br>ations of, secti<br>nt and title if applica | ich change was<br>ion 607.0505, Fl   | authorize<br>lorida Sta<br>IOTE: Registe<br>13.<br>1.1 TI<br>1.2 Ni<br>1.3 ST  | ed by intutes.  Hered Ag  ITLE  HAME  TREET  | gent signature                                      | oration            | 's board of directors. I hereby accept d when reinstating)                       | DATE                       | DIREC  | TORS IN                    | ed<br>—<br>√ 12 S  |
| office or agent. I SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | registered agent, am familiar with, a Signature, typed or prin D HAWKINS, KA 37941 FLOWE GRAND ISLAN  | or both, in the State and accept the obligated name of registered age: OFFICERS AN Y RTREE LANE           | of Florida. Su<br>ations of, secti<br>nt and title if applica | ich change was ion 607.0505, Fl  | authorize<br>orida Sta<br>IOTE: Registe<br>13.<br>1.1 TI<br>1.2 No<br>1.3 S1<br>1.4 C  | ed by intutes.  Hered Ag  ITLE  AME  TREET /   | gent signature                                      | oration            | 's board of directors. I hereby accept d when reinstating)                       | DATE                       | D DIREC  | TORS IN                    | ed —               |
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| office or agent. I SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | registered agent, am familiar with, a Signature, typed or prin D HAWKINS, KA 37941 FLOWE GRAND ISLAN P KING, IVY J. 38437-YALE-0 LEESBURG FL VPS CARTER, KEU 1445 MORNIN MT DORA FL | or both, in the State and accept the obligated name of registered age OFFICERS AN Y RTREE LANE ID FL      | of Florida. Su<br>ations of, secti<br>nt and title if applica | ich change was ion 607.0505, Fi  | authorize     13.  | ITLE IAME TREET / ITLE IAME  | ADDRESS ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS | oration            | 's board of directors. I hereby accept d when reinstating)                       | DATE                       | D DIRECT Channel Chann | cTORS IN ge                | Addition  Addition |

6.4 CITY-ST-ZîP

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.