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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 531255

FILED Jan 26, 1999 8:00am Secretary of State

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	PO BOX 12003						
PO BOX 12003 TALLAHASSEE FL 32317 TALLAHASSEE FL 32317 TALLAHASSEE FL 32317			DO NOT WRITE IN THIS SPACE				
***	the wife and				3. Date Incorporated or Qualifed		
***					04/12/1977	1 1 4 70	plied For
2. Principal Pla	ace of Business 2a. Mailing Address				4. FEI Number		t Applicable
21	26				59-1735272	\$8.75 A	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired Fee Required				
City & State City & State					6. Election Campaign Financing	\ \$5.00 Added t	•
23 28					Trust Fund Contribution		01663
Zip	Country		ınıry		This corporation owes the current year Inta Personal Property Tax.	Yes	□No
24	25 29	30	Τ''''		10. Name and Address of New Registered A	gent	
	9. Name and Address of Current Registered Agent		81	Name			
ΙΔΝΓ	DRY, MARTY				(2.0. Private of Net Assertable)		
	FRANK SHAW ROAD		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	AHASSEE FL 32312		83		13: 医粉膜肿 提供证法		1 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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			1 1	City	FL		ì
11 Diminat	to the provisions of Sections 607 0502 and 607 1508. Florida Statu	tes, the a	bove-	named corp	oration submits this statement for the purpose of	changing its	registered
office or reagent. I a	to the provisions of Sections 607.0502 and 607.1508. Florida Statu egistered agent, or both, in the State of Florida. Such change was im familiar with, and accept the obligations of, Section 607.0505. Florida Status of Section 607.0505.	authorize orida Stat	d by th tutes.	he corporation	on's board of directors. I hereby accept the appoin	Illineiii as ie	giatered
CICNATUDE	and the configuration of the c]
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOT	E: Registered	d Agent :				
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOT OFFICERS AND DIRECTORS		d Agent a		d when reinstating) DATE		
SIGNATURE 12.	Signature, typed or printed name of registered agent and title if applicable. (NOT OFFICERS AND DIRECTORS DELETE	E: Registered 13.	d Agent a		d when reinstating) DATE	D DIRECTO	DRS IN 12
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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:

MOSCOSIATURS AMONDES

Date 1001

893-1178 Daytime Phone #

CR2F034 (11/98)