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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 **DOCUMENT # 531977**

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90039 040 ***150.00

10059 SE US HWY 441 BELLEVIEW FL 34420 US	Principal Place	NCORPORATED	Mailing Address					
BELLEVEW FL 34420 US 3. Date Incorporated or Qualified Out/2 (1)1977 25. The proposed Place of Business	•							
US DOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified QA/2 1/1977 2. Principal Place of Business 3. Date Incorporated or Qualified QA/2 1/1977 2. Principal Place of Business 3. Date Incorporated or Qualified QA/2 1/1977 3. Date Incorporated or Qual					•			
2	•				DO NOT WRITE IN THIS SPACE			
Sulfa, Ap. #, etc.								
Sulfa, Apt. #, etc. Sulfa, Apt. #, etc. Sulfa, Apt. #, etc. S. Certificate of Status Destind Sections Sections	2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt. 4, etc. 27	21		26			39-0357760	1	Not Applicable
City & State		#, etc.	~~ Suite, Apt. #, etc.			5. Certificate of Status Desired		
28	22	•	27				Fee	Required
Zip		9	City & State					
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name SWIDERSKI, STANLEY 10059 S.E. U.S HWY 441 BELLEVIEW FL 34420 41. Present to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered registered registered registered office or registered regis	23		28					d to Fees
9. Name and Address of Current Registered Agent SWIDERSKI, STANLEY 10059 S.E. US HWY 441 BELLEVIEW FL 34420 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florids Statutes. SIGNATURE Signature, hyear or printed some of registered agent and the facebasite. (POTE Registered Agent signature required when required when rematering) DATE 12. OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. SWIDERSKI, STANLEY 15. STREET ADDRESS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. OFFICERS AND DIRECTORS IN 12 17. DELETE 17. DELETE 18. DELEVIEW FL 34420 19. DELETE 21. TITLE 19. OFFICERS AND DIRECTORS 22. NAME 23. STREET ADDRESS 18. CIRY-ST-2P 19. DELETE 33. STREET ADDRESS 19. Change Addition 19. Change Addi	Zip	Country	— · —	-1	ry	1		
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BELLEVIEW FL 34420 83 City FL 85 ZIp Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the originations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of the agent and agent and registered agent are title if applicable. Interpolation Polation Pol				8	2 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
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12.	11. Pursuant t	to the provisions of Sections 607.050 egistered agent, or both, in the State or familiar with, and accept the oblina	of Florida, Such change was aut	horized b	ove-named co by the corpora	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as	registered
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STREET ADDRESS 6.3 STREET ADDRESS	SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN PD SWIDERSKI, STANLEY 10059 SE US HWY 441 BELLEVIEW FL 34420 TD SWIDERSKI, ALICE 10059 SE US HWY 441 BELLEVIEW FL 34420 V, LEMEK, JOYCE 950 SE 19TH STREET OCALA FL 34471	IND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 3.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 6	gent signature required in the signature req	uired when reinstating) DATE	AND DIREC Chang	TORS IN 12

CITY-ST-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 employered 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 CITY-ST-ZIP

SIGNATURE: