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

PROFIT



FLORIDA DEPARTMENT OF STATE

Feb 01. 1999 8:00am tate

CORPORATION ANNUAL REPORT 1999		Katherine Harris Secretary of State DIVISION OF CORPORATIONS	Secretary of S	
OCUMENT # 53	38225		02-01-1999 90042 022 ***150.0	

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Principal Place	e of Business	Mailing Address					
7656 BYRON D	R.	7656 BYRON DR.					
BAY B-6&7	EL 22404	BAY B-687 . RIVIERA BCH., FL 33404		•		DO NOT WRITE IN THIS SPACES	
RIVIERA BCH	FL 33404	THE DOTAL TO SOUTH				3. Date Incorporated or Qualifed	}
•		•		•		06/28/1977	
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number Applied For	3
21		26				34-0843180 Not Applicable	18
Suite, Apt.	#, etc	Suite, Apt. #, etc.	جمل باعاميي			5. Certificate of Status Desired	*
22		27				20 20 20 21 22 22 22 22 22 22 22 22 22 22 22 22	1
City & Stat	te -	City & State				6. Election Campaign Financing Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cou	intry .		8. This corporation owes the current year intangible	1
24 Zip	25	29	30	,		Personal Property Tax.	
[24]	9. Name and Address of Current		. 11	Ī		10. Name and Address of New Registered Agent 3	
	Control of the Contro			81 Nan	ne ,		ļ
	CHER, NANCY J			82 Stre	et Addre	ess (P.O. Box Number is Not Acceptable)	1
	BYRON DR BAY B-6 &7	•				and the state of t	-
KIVIL	ERA BCH FL 33404			83			
				84 City		₽ 1 85 VZip Code	1
acconstituing	0 0000	LOOZ 4500 Elected Cont		have sam	od oorne	poration submits this statement for the purpose of changing its registered	┨
hoffice or a	registered agent or both in the State O	t Florida ' Such change was	authorized	o by ine co	rporatio	on's board of directors. I hereby accept the appointment as registered	
PMSagent? La	am familiar with, and accept the obligation	ons of, Section 607.0505, F	londa Stat	utes.			1
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	Agent signat	re required	d when reinstating); DATE AT A DATE] 🧟
12.′	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ļ
TITLE	P	☐ DELETE	, 1.1 Ti	TLE		Addition □ Addition	Ι.Σ
NAME -	BUTCHER, BRADLEY R		1.2 N				8
STREET ADDRESS		•		TREET ADDRE	SS		1 6
CITY-ST-ZIP	RIVIERA BCH FL 33404	☐ DELETE	1.4 C	TY-ST-ZIP	 	36	"
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NAME	BUTCHER, NANCY J 7656 BYRON DR B-687		■ -	TREET ADDRE	22		
STREET ADDRESS	RIVIERA BCH FL 33404			TY-ST-ZIP		100 100 100 100 100 100 100 100 100 100	_
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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 path 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.