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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business	Mailing Address
6625 WHITE DRIVE	6625 WHITE DRIVE
RIVIERA BEACH FL 33407-1209	WEST PALM BEACH FL 33407

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90054 047 ***150.00

DOCU	MENT # 549535					-		
i. Corporati	OVISIONERS, INC.							
FDFFN	OVISIONE IIS, INC.				1 (\$610) \$1(1) 8(910 (\$10) \$1(8) ((10) \$1(1)) 	A(B)(3:8())88)	
Principal Place of Business Mailing Address								
RIVIERA BEACH FL 33407-1209			407		DO NOT WIGHT IN THIS ORACE			
		US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
•					09/30/1977			
2. Principal Place of Business 2 2a. Mailing Address					4. FEI Number Applied For			٠
21	26			:	59-1749635=		ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				•	5. Certifcate of Status Desired		Additional	7 -
22 27					0. 00.4400 0.0400 0.0400	Fee R	equired	4
City & State City & State					6. Election Campaign Financing		May Be	
23 Zip	Country	Zip	Count	rv	Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible			
24	25].		30	• ,	Personal Property Tax.	ntangible Yes	₩ ₀	
	9. Name and Address of Current				10. Name and Address of New Registere			1
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		8	1 Name				1
BRU	OOME, WILLIAM R. H. SPENCER DR		8	2 Street Addr	ress (P.O. Box Number is Not Acceptable)		•	-
	ST PALM BEACH FL 33409				. C. i. meta. Se. An internal places again from		***** # **** ****	_
¥ 44€/	DI FALM DEACH FL 33409		8	3				
189			8	4 City	1 St.	85 Zip	Code	7
11 7 Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statute	e the aho	ve-named com	oration submits this statement for the purpose	L	registered	4
· · · · · · · · · · · · · · · · · · ·	registereo agent, or both, in the State C	n Florida. Guch change was at	Juionzeu D	y tite corporation	on's board of directors. I hereby accept the app	ointment as re	egistered	
	am familiar with, and accept the obligati	ons of, Section 607.0505, Flor	ida Statute	:5.			*	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Ag	ent signature require	d when reinstating) DATE] 📻
12.	OFFICERS AND		13.	1	ADDITIONS/CHANGES TO OFFICERS /			188
TIŢLE	P DELETE		1.1 TITLE		in the state	Change	☐ Addition	E034 (11
NAME	LOPER, CHARLES R			1				3
STREET ADDRESS	400 ARABIAN ROAD Palm Beach Fl			ET ADDRESS				2E(
CITY-ST-ZIP TITLE	VP	☐ DELETE	1.4 CITY- 2.1 TITLE		·	Change	Addition	. წ
NAME	LOPER, CHARLES EDWARD	_	2.2 NAME					
STREET ADDRESS	***************************************	- 		ET ADDRESS				
CITY-ST-ZIP	LONGWOOD FL		2. 4 CITY					
TITLE 1.64	A Total State Colors State Color	☐ DELETE	3.1 TITLE		·	Change	Addition	-
NAME	LOPER, CHARLES R., JR.		3.2 NAME	: '			•	
STREET ADDRESS	13		3.3 STRE	ETADDRESS	indian analysis nos says	n (1811-118), 918),	2007	
CITY-ST-ZIP	'PALM BEACH FL		3.4. CITY-					_
TITLE	S	☐ DELETE	4.1 TITLE			Change	🧼 🔲 Addition	
NAME Cock 10 1 1	LOPER, LEELA	7	4. 2 NAM					
STREET ADDRESS	400 Arabian RD. Palm Beach Fl			ET ADDRESS	e e		-	
CITY-ST-ZIP	TALIVI DEACH FL	☐ DELETE	4.4 CITY- 5.1 TITLE			Change	☐ Addition	1
NAME			5.2 NAME	I	$\langle \hat{Z}_{i}^{1} \rangle$			
STREET ADDRESS	,			ET ADORESS	· ••••			1
CITY-ST-ZIP	रिक्त का किया है। इस्ते का	•	5.4 CITY-	ST-ZIP	195			,
TITLE .	MAY IN LANGE OF STREET	☐ DELETE	6.1 TITLE			Change	☐ Addition	1
NAME	ADD KIND DATE TO ME		6.2 NAME					
STREET ADDRESS	PARECE, MERT TO We		6.3 STRE	ET ADDRESS				
	(* ·	·	C 4 CITY	CT ZIO. I				1

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 chapted, or en an attachment with an address, with all other like empowered.