FILED

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90094 013 ***150.00

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

 Corporation 	INC., OF GAINESVILLE									
Principal Place of Business Mailing Address								JII go ii sio i) si	JUNE BIRTH BIRTH BIR	811 8131 1 188)
OAKS MALL GAINESVILLE FL 32605		OAKS MALL GAINESVILLE FL 32605				DO NOT WRI	TE IN THIS	SPACE	·	
						3	 Date Incorporated or Qualifed 02/02/1978 			
2. Principal Pl	ace of Business	2a. Mailing Address				4	. FEI Number		Арр	olied For
21							<u>59-1788666</u>			Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5	5. Certifcate of Status Desired		\$8.75 A	
22		27							Fee Red	`
City & State	City & State	State			6	5. Election Campaign Financing Trust Fund Contribution		\$5.00 M Added to		
Zip Country Zip 24 25 29			Country 30				 This corporation owes the curr Personal Property Tax. 		☐Yes	□No
	9. Name and Address of Curren	t Registered Agent		二		10	0. Name and Address of New F	tegistered /	Agent	
SCH	NEIDER, REUBEN M.		8	-	Name					
2021 TYLER STREET			8	2	Street Ad	ddress ((P.O. Box Number is Not Accepta	ible)		
HOLI	LYWOOD FL 33020		8	3						,
			8	4	City			FL	85 Zip C	ode
office or re	to the provisions of Sections 607.050 sgistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida. Such change was aut tions of, Section 607.0505, Florid	thorized to da Statute	y tr es.	named conhe corpora	ation s i	poard of directors. Thereby accel	purpose of ot the appoint	changing its r ntment as reg	egistered istered
12.		ID DIRECTORS	13.	join	Bigilature requ		ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTO	RS IN 12
TITLE	V	DELETE 1.1T							☐ Change	Addition
NAME	DELONGLY, DAVID		1.2 NAM	Ε	ļ					
STREET ADDRESS	2021 TYLER ST		1.3 STRE	ET A	ADDRESS					
CITY-ST-ZIP	IOLIVATOOD EL			1.4 CITY-ST-ZIP						
TITLE	Р	₩ DELETE	2.1 TITLE			P+	- S		Change	Addition
NAME	WILBER, MARY		2.2 NAM	Е	'	D .	KA WilhE	b		
STREET ADDRESS	5400 S. UNIT DR. # 204		2.3 STRE	EET /	ADDRESS	P. 1	- S ck A. Wilber 60 S. Unive vie, Fl. 33	· · · · · · ·		
CITY-ST-ZIP	DAVIE FL 33328		2. 4 CIT	-ST	-ZIP	27°	3, 40,00	220	<i>1</i> -	
TITLE	-	☐ DELETE	3.1 TITLE	=		חע	v 16 / 1-1, 22,	240	Change	Addition
NAME			3.2 NAM	E						
STREET ADDRESS			3.3 STR	ET A	ADDRESS					
CITY-ST-ZIP			3.4. CITY	-ST	-ZIP					
TITLE		☐ DELETE	4.1 TITLE	=					Change	Addition
NAME			4. 2 NAM	Œ						
STREET ADDRESS			4.3 STR	ET/	ADDRESS					
CITY-ST-ZIP			4.4 CMY	-ST-	-ZIP					T A deficien
TITLE		☐ DELETE	5.1 TITLI						☐ Change	☐ Addition
NAME			5.2 NAM							
STREET ADDRESS			•		ADDRESS					
CITY-ST-ZIP		□ SELETE	5.4 CITY 6.1 TITLI		-ZIP				☐ Change	Addition
TITLE		☐ DELETE	6.2 NAM						- Andrigo	
NAME			1		ADDRESS					
STREET ADDRESS			0.3 5 H	CI/	ADDRESS					

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 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034 (11/98)