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

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90081 009 ***150.00

DOCUMENT 1. Corporation Name	#	59	3524
	54	Ce s	INC '

Principal Place of Business

Mailing Address

716 TAPLO	w RP
VENICE	

7/6 TAPLOW RA VENILE FL 34293

DO NOT	WRITE IN	THIS SPACE
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3. Date Incorporated or Qualifed

34293	,	3424	3	9-28-1978 4. FEI Number		}	
2. Principal Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Apr	plied For	
21	26	26		59-2723936	Not	t Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A		
22	27			o. columnate of crates promote	Fee Re	quired	
City & State	City & State	City & State		6. Election Campaign Financing \$5.00 May Be			
Ž3	28			Trust Fund Contribution		o Fees	
Zip Country	— <u> </u>	Zip Country		8. This corporation owes the current year Intangible Personal Property Tax.			
24 25	29 3	0		Personal Property Tax.		EINO	
9. Name and Address of Cur	rent Registered Agent	81	Name	10. Name and Address of New Register	ed Agent		
	_	"_	Haire				
MANKS SUSAN	HANKS SUSAN C CPA 82 Street Addr			dress (P.O. Box Number is Not Acceptable)			
PEACOCK + Co. C	PARA	83					
133 5. HARBO	· · · · · · · · · · · · · · · · · · ·	53					
		84	City		85 Zip C	Code	
UEBICE FC 11. Pursuant to the provisions of Sections 607.0	34 285	the above "	named corpo	ration submits this statement for the purpose	of changing its	registered	
office or registered agent or both in the Sta	ate of Florida. Such change was auth	horized by In	ie comoration	ns board of directors. I hereby accept the ab	pointment as reç	jistered	
agent agent agent agent agent the ob	ligations of Section 607.0505 Florid	la Statutes		A CONTRACTOR OF THE STATE OF TH	Rest (Francis		
SIGNATURE SIgnature, typed or printed name of registered	AC INCOME WAS TO SEE	14年19月19		DATE	ALTONIA CONTRACTOR	ì	
	AND DIRECTORS	13.	ignature raddited	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE PST	DELETE	1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition	
13'		1.2 NAME	ļ				
DOGGLACK GLE		1.3 STREET AL	DDRESS				
STREET ADDRESS 7/6 TAPLOW A.D. CITY-ST-ZIP UENICE FL	3//= 0 =	1.4 CITY-ST-Z					
TITLE	DELETE	2.1 TITLE			Change	Addition	
NAME	_	2.2 NAME					
STREET ADDRESS		2.3 STREET AL	DORESS				
CITY-ST-ZIP		2. 4 CITY-ST-					
TITLE	☐ DELETE	3.1 TITLE			Change	☐ Addition	
NAME		3.2 NAME	- 				
STREET ADDRESS		3.3 STREET AL	DDRESS	•		Ì	
CITY-ST-ZIP		3.4. CITY-ST-2	'				
TITLE	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition	
NAME -		4. 2 NAME				!	
STREET ADDRESS		4.3 STREET AL	DDRESS			}	
CITY-ST-ZIP		4.4 CITY-ST-Z	ZIP				
TITLE	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition	
NAME		5.2 NAME					
STREET ADDRESS	,	5.3 STREET AL	DDRESS				
CITY-ST-ZIP		5.4 CITY-ST-Z	ZIP	**			
TITLE	☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME .		6.2 NAME					
STREET ADDRESS		6.3 STREET AL	DDRESS	** 3	• •		
		GAICITY ST. 7	715				

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 correlation 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-1-92

941 492 5709 Davime Phone # CR2E034 (11/98)