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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 585068

| FILED | | | | | | | | | |
|---------------------|--|--|--|--|--|--|--|--|--|
| Feb 17, 1999 8:00am | | | | | | | | | |
| Secretary of State | | | | | | | | | |

02-17-1999 90039 005 ***150.00

| Corporation | on Name | 000000 | • | | | | | | | | |
|---|--|--|-------------------------|---------------------|---|--|---------------------------------------|--|----------------------|---|----------|
| U. S. F(| ORMING, II | NC. | | | | | | | | | |
| | | | | | | | | I FESTEL BEACH TO BUSIN BRITAN BETTEL TO IN BERNEL | ELEK BIBNI BU | AR | |
| | | | | | | | | | | | |
| Principal Plac | ce of Business | | Mailing | Address | | | | - | | NI BIBII BIBII IABI | |
| 3939 S CONG | GRESS AVENUE | | P.O. BC |)Y 5992 | | | | | | | |
| SUITE 103 LAKE WORTH FL 33466 | | | | | | | | | | | |
| LAKE WORTH FL 33461 US | | | | | | DO NOT WRITE I | | | N THIS SPACE | | |
| US . | | | | | | | | 3. Date Incorporated or Qualifed | • | | |
| | | | | | | | | 09/01/1978 | | | |
| 2. Principal F | Place of Busine | ess | 2a. Ma | iling Address | | | | 4. FEI Number | | Applied For | _] - |
| 21 | | | 26 | | | | | 59-1956354 | | Not Applicable | 10 |
| Suite, Apt. | #, etc. | | - | te, Apt. #, etc. | | | | 5. Certificate of Status Desired | | 5 Additional | |
| 22 City & Sto | | | 27 Cit | . º Stata | | | | | | Required . | 4 |
| City & State | | | <u></u> ⊢ ' | City & State | | | | 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees | | | |
| Zip . | | Country | 28 Zip | | Cou | ntry | | Trust Fund Contribution | | a to rees | \dashv |
| 24 | [· | 25 | 29 | | 30 | 110 y | | This corporation owes the current year In Personal Property Tax. | tangible □Yes | □No | |
| 24 | | ind Address of Curre | 11 | d Agent | 301 | | • | 10. Name and Address of New Registered | | | \dashv |
| | 2 772 | | | | | 81 | Name | | | | ┥. |
| BLA | KE HARMON | I C/O PATTERSON | & HARMON | | | | | | | | _ |
| 665 | S.E. 10TH S | TREET, SUITE 201 | | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | | |
| | | CH FL 33441 | | | | 83 | · · · · · · · · · · · · · · · · · · · | | (\$0, 9 \delta) : 10 | 17 F & VIS. 1341 | ┪ |
| | | | | | | | | 。1967年前的時代的新聞 | | | |
| | | | | | | 84 | City | FI | 85 Z | p Code ''''' | |
| 11. Pursuant | t to the provision | ns of Sections 607.05 | 02 and 607.1 | 508, Florida Statut | es. the at | bove- | -named corpo | pration submits this statement for the purpose o | changing | its registered | \dashv |
| office or i | registered age | nt, or both, in the State i, and accept the oblig | e of Florida. S | uch change was a | uthorized | by t | the corporatio | n's board of directors. I hereby accept the appo | intment as | registered | |
| • | | i, and accept the oblig | jalions or, Sec | aon 607.0303, Fio | nua Statt | nes. | | | | | |
| SIGNATURE | Signature, typed o | r printed name of registered ag | ent and title if applic | cable. (NOTE | : Registered | Agent | signature required | when reinstating)/ (%) / DATE | | | 1. |
| 12. | | OFFICERS A | ND DIRECTO | RS | 13. | | | ADDITIONS/CHANGES TO OFFICERS A | ND DIREC | TORS IN 12 | ع ٦ |
| TITLE | P | | | □ DELETE | 1.1 111 | lE. | | The Angelogia | Chang | ge 🔲 Addition | 7 |
| NAME | WHITESIDI | e, mary K. | | | 1.2 NA | ME | | 1 | | | 3 |
| STREET ADDRESS | 847 DIXIE | avenue | | | 1.3 STI | REET | ADDRESS | | | • | ١ |
| CITY-ST-ZIP | MADISON | GA | | | 1.4 CIT | Y-ST- | - ZIP | | | | _ |
| TITLE | ST | | | ☐ DELETE | 2.1 TIT | LE | | | ☐ Chang | e Addition | ŋ (|
| NAME. | WHITESIDI | E, LEWIS A. | | | 2.2 NA | ME | | | | • | |
| STREET ADDRESS | 6339 LAC | OSTA DRIVE, APT. I | E | | 2.3 ST | REET / | ADDRESS | | | | |
| CITY-ST-ZIP | BOCA RAT | ON FL | | | 2. 4 CF | TY-ST | -ZIP | • • | | | |
| TITLE | | <u> </u> | | ☐ DELETE | 3.1 TIT | LE | | | | e | ١ |
| NAME | 10.0 | | | | - | | 1 | • | ☐ Chang | | |
| STREET ADDRESS | 1. | | | | 3.2 NA | ME | | | ☐ Chang | | |
| CITY-ST-ZIP | , , , | | | | | | ADDRESS | 1. 27.1 feat aan 3.300.6 | | 11 5 iz + 1 1 1 1 1 2 i | |
| TITLE | in | | | | | REET/ | | The state of the s | | | |
| INLE | | | | ☐ DELETE | 3.3 STI | REET / | | | | e Addition | 1 |
| NAME | | | | ☐ DELETE | 3.3 STI 3.4. Cr | REET / TY-ST | | | | e Addition | 1 |
| | | | | ☐ DELETE | 3.3 STI 3.4. Cfi 4.1 TIT 4. 2 NA | REET/ TY-ST LE VME | | | | e Addition | 1 |
| NAMĘ | | | | | 3.3 STI 3.4. Cfi 4.1 TIT 4. 2 NA | reet/ TY-ST LE AME REET/ | -ZIP | | | 대학교 기업 기업 - 기업 기업 기업 re 기업 Additio n | |
| NAME STREET ADDRESS | | | | ☐ DELETE | 3.3 STI 3.4. Cri 4.1 TIT 4. 2 NA 4.3 STI 4.4 CIT 5.1 TIT | REET / TY-ST- LE NME REET / Y-ST- LE | -ZIP | | | | |
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| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | | | | □ DELETE | 3.3 STI 3.4. CF 4.1 TIT 4. 2 NA 4.3 STI 4.4 CF 5.1 TIT 52 NA 5.3 STF 5.4 CF | REET / TY-ST- LE AME REET / Y-ST- LE ME REET / | ADDRESS ADDRESS | | ☐ Chang | e ☐ Addition | 1 |
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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 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 og an attachment with any fiddress, withyall other like empowered.

SIGNATURE:

Indian A Milleside Devotary

1/21/99

5761-968-2005 Daytime Phone # ;R2E034 (11/98)