

PROFIT CORPORATION ANNUAL REPORT 1000



FLORIDA DEPARMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Mar 25, 1999 8:00 am Secretary of State 03-25-1999 90001 022 ***150.00

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DOCU	MENT # 66679	8					
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Principal Place	e of Business	Mailing Address			Altin Bing gires (2010 (616) (61)	en gible blålt blålt bl	DE1 81811 188}
11549 SW 109T	TH RD	11549 SW 109TH RD			·		
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US US					orated or Qualifed	•	
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	lace of Business	2a. Mailing Address		59-2122		'	Applicable
Suite, Apt.	#, etc.	Suite, Apt, #, etc.			of Status Desired	\$8.75 A	dditional
22		27		5. Centroate	OL 2090 GG	Fee Red	`
City & Stat	e -	City & State			mpaign Financing Contribution	\$5.00 Added to	•
23 Zip	Country	Zip	Country		ation owes the current year		7.000
24	25		30	Personal P	roperty Tax.	Yes	□No
	9. Name and Address of Cur	rrent Registered Agent		10. Name and	Address of New Register	red Agent	
DEV	ALLOIS, ADE		81 Name	ane de 1	Calleis_		
	OO SW 125TH STREET		82 Street	Address (P.O. Box Nu	nber is Not Acceptable)	Road #	A
MIAN	WI FL 33176		83	1071510			
			84 City			85 Zip C	ode
			1	Gami, F			176
-11-Pursuant	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	0502 and 607.1508. Florida Statute	s, the above named	comporation summits th	s statement for the purposi	e or cranging its i	PANDION (
011100 01 1		RE OF FIORIDA. SUCH CHANGE WAS AN	thorized by the corpo	ration's board of direc	iors. I hereby accept the ar	pointment as reg	islered
	m familiar with and accept the obl	0502 and 607.1508, Florida Statute ate of Florida. Such change was au ligations of, Section 607.0505, Flori	thorized by the corporate the corporate that the corporate that the corporate the corporate that the corporate the corporate the corporate that th	ration's board of direc	tors. I hereby accept the ap	-23-99	islered -
agent. I a	Signature, typed or printed name of registered	agent and bite if applicable. (NOTE:	Registered Agent elgnature n	quired when reinstating)	DATE	-25-9	l \
SIGNATURE	Signature, typed or printed nerse of registered OFFICERS	agent and title if Spolicable. (NOTÉ: AND DIRECTORS	Registered Agent eignature n	equired when reinstating)	U.S -	-25-9	l \
SIGNATURE 12. TITLE	Signature, typed or printed neme of registered OFFICERS	agent and bite if applicable. (NOTE:	Registered Agent elgnature n	equired when reliabilities) ADDITIONS	CHANGES TO OFFICERS	AND DIRECTOR	l \
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:	4
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