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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # 677344**

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US	FL 32310',	1	IAL	LAMAGGEE PL 32310			3. Date Incorporated or Qualifed	STACE	
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2. Principal Place of Business 2a. Mailing Ad				17 St. A. I.			06/30/1980		
· ·			<del> </del>	2a. Mailing Address		4. FEI Number		pplied For	
21	4 .	<u> </u>	26				59-2069504	<del> </del>	ot Applicable
Suite, Apt. #, etc.			·	Suite, Apt. #, etc.			5. Certifcate of Status Desired	•	Additional
22			[27]				<u> </u>		equired
City & Stat	te		<u> </u>	City & State	·		6. Election Campaign Financing	\$5.00	May Be
23			28				Trust Fund Contribution	Added	to Fees
Zip		Country	<u> </u>	Zip	Country	•	8. This corporation owes the current year Int		_
24		25	29		30		Personal Property Tax.	☐ Yes	<b>X</b> INo
		and Address of	Current Regist	tered Agent			10. Name and Address of New Registered	Agent	
-111	io icposi				81	Name			1
	is, Jeroni				82	Stroot A	ddress (P.O. Box Number is Not Acceptable)		
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			e state of Florid	a. Such change was :	authorized by	the corpor	ation's board of directors. I hereby accept the appoi	ntment as re	gistered
agent. I a	am familiar w	ith, and accept the	e obligations of,	a. Such change was Section 607.0505, Fl	authorized by orida Statutes.	the corpor	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoi	ntment as re	gistered
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agent. I a	am familiar v	rith, and accept the	e obligations of, stered agent and title if	applicable. (NOT	orida Statutes.	-	quired when reinstating) DATE		
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99 (850) 575-1168
Date Daytime Phone #

**FILED** 

Jan 29, 1999 8:00am

**Secretary of State** 

01-29-1999 90010 022 \*\*\*150.00

(R2E034 (11/98)