NONPROFIT CORPORATION ANNUAL REPORT 1999

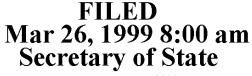


FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 740121 1. Corporation Name



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Principal Plac	e of Business	Mailin	g Address		·				
410 COUNTY LINE RD. W. 410 COUNTYLINE ROAD W LUTZ FL 33549 US 410 COUNTYLINE ROAD W LUTZ FL 33549 US									
_ ·	lace of Business	J	alling Address			3. Date Incorporated or Qualifer 09/14/1977	.		
Suite, Apt.	# ata	26	ite, Apt. #, etc.	 -		4. FEI Number		Apr	olied For
2	w, U IG.	27	ile, ripi. e, oic.			59-1970073			Applicable
City & Stat	8	28 Ci	ty & State			5. Certificate of Status Desired		\$8.75 A	
Zip	Country	Zip	·	Count	rý	6. Election Campaign Financing		\$5.00	May Be
i	25	29		30		Trust Fund Contribution	<u> </u>	Added to	Fees
	9. Name and Address of Curre	ent Registere	ed Agent			10. Name and Address of New	Registered	Agent	
			•	8	1 Name				
EIRCKSEN, GEORGE 321 DEER COVE LANE				8	2 Street	Address (P.O. Box Number is Not Accep	table)		
LUTZ FL 33549				8	3				
				8	4 City			85 Zip C	ode
	·						FL	<u>, </u>	
agent. i a SIGNATURE	m familiar with, and accept the oblig					corporation submits this statement for the ration's board of directors. I hereby acc source when retreating)	DATE		
12.	OFFICERS A		ORS	13,		ADDITIONS/CHANGES TO O	FFICERS AN		
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WE	ERICKSEN, GEORGE			1.2 NAM					
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JTY-ST-ZIP	LUTZ FL 33549			14 CITY				Change	[] Addition
m.E	T B S		DELETE	21 TILE	1				
WAME	MCRAE, DOROTHY				. }			\	
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MUE	SD	· · · · · · · · · · · · · · · · · · ·	₩ DELETE	2.3 STRE 2.4 CITY 3.1 TITLE	ETADORESS •ST•ZIP	- -	er	(XChange	Addition
MLE WYS	SD -SALERNO, RAY		Ø DELETE	2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME	ETADORESS •ST•ZIP	T.D.McRae T D	***	∑(Change	Addition
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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 617. 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.