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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 762085 1. Corporation Name

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90010 009 ****61.25

IGN WARS OF THE UNITED STATES, INC.					st et anggaranagang pag-paga Dibin Militang	? : : : : : -	_ ``` ;;	4 22 4 4 2444
Principal Place	e of Business	Mailing Address						-
1100 S BELCH	ER RD.	1100 S BELCHER RD.			1 (88)() (88)(8)(8) (18)(84(8) (8)	OT OPIN OTRIT OUR		II 616 11 1 66 1
LOT 98		LOT 98						
LARGO FL 337	71	LARGO FL 33771			1 300161 10018 01110 11011 03:01 (0)	DI DENI DIDIK BIT	ii aten ainit nik	n Alaki 1901
2 Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed	1		
─ , `	lace of Dusiness	26			02/24/1982			
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			4. FEI Number		Apı	plied For
22		27			59-1992050		Not	t Applicable
City & Stat	е	City & State		· 	5. Certificate of Status Desired		\$8.75 A	dditional .
23		28			5. Certicate of Status Desired		Fee Re	quired
Zip	Country	Zip	Coul	ntry	6. Election Campaign Financing	Г	\$5.00	
24	25	29	30		Trust Fund Contribution		Added to	o Fees
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered	Agent	
			i	81 Name				
KENNEDY.	WILLIAM M	· j. · · · · · · · · · · · · · · · · · ·	.	82 Street Add	dress (P.O. Box Number is Not Accep	table)		
1100 S. B	ELCHER HD. S/L 98			83				
LARGO FL	. 33771			83				
			.	84 City		- 51	85 Zip C	Code
443 4 4	to the provisions of Sections 617.0502			l asmed son	moretion cultarity this statement for th	F L	changing its	registered
office or r	registered agent, or both, in the State of	if Florida, Such change was :	authorized	by the comorat	tion's board of directors. I hereby according	ept the appoi	ntment as rec	gistered
agent. I a	im familiar with, and accept the obligati	ons of, Section 617.0503, Fl	orida Statu	ites.				
agent. I a		ons of, Section 617.0503, Fi	onda Statu	ites.		DATE	11 11 11 11	· • • • • • • • • • • • • • • • • • • •
signature	Stgnature, typed or printed name of registered agent	ons of, Section 617.0503, Fli and title if applicable. (NOT	onda Statu	ites. Agent signature requir		DATE FFICERS AN	11 12 CAN	
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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.

SIGNATURE:

1/8/99 1-727-535-8163 Date Daytime Phone #