FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90053 038 ***150.00

 Corporation 	MENT # 847093 ILDING CORPORATION						
Principal Place	of Business	Mailing Address			I JESTEL ISTILL STORY ISSUE DE LINE PROPERTY OFFIN	01011 01011 01011 41	111 01011 100 7
255 RIVERWAY DR. P.O. BOX 650058		P.O. BOX 650058					
VERO BEACH FL 32963 VE		VERO BEACH FL 32963	•		DO NOT WRITE IN THIS	S SPACE	
US		US			3. Date Incorporated or Qualifed	JOINOL	
					09/30/1980		1
C Dringing! Di	ace of Business	2a. Mailing Address			4. FEI Number	App	lied For
21 26		<u> </u>	•		59-2340106	Not	Applicable
		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22 27					5. Certificate of Status Desired	Fee Re	quired
City & State City & State		City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	/	8. This corporation owes the current year In	ntangible ☐ Yes	_No
24	25	1	30		Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New Registerer	a rigoni	
MITC	HELL, RONALD E.		L_				
255 RIVERWAY DR.			82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
VERO BEACH FL 32960			83	<u> </u>			
			84	City	FI	L 85 Zip C	ode
office or re agent. I ar	to the provisions of Sections 607.050 agistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida. Such change was au ations of, Section 607.0505, Flori	da Statutes	s.	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appeared when reinstating) DATE	pintment as reg	gistered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	
TITLE	Р	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	MITCHELL, RONALD E.		1.2 NAME				
STREET ADDRESS	255 RIVERWAY DR.		1.3 STREE	ET ADDRESS			
CITY-ST-ZIP	VERO BEACH, FL 32965		1.4 CITY-5	ST-ZIP			
TITLE	VS	☐ DELETE	2.1 TITLE		•	☐ Change	☐ Addition
NAME	MITCHELL, ERIKA		2.2 NAME				
STREET ADDRESS	255 RIVERWAY DR.		2.3 STREE	ET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL		2, 4 CITY-	ST-ZIP		Change	Addition
TITLE		☐ DELETE	3.1 TITLE				
NAME			3.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. CITY- 4.1 TITLE			☐ Change	Addition
TITLE			4. 2 NAME				
NAME				ET ADDRESS			
STREET ADDRESS			4.4 CITY-				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME		_	5.2 NAME				
STREET ADDRESS			5.3 STREI	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE	<u> </u>	☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME	•		6.2 NAME	:			•
STREET ADDRESS			6.3 STRE	ET ADDRÉSS			
			6.4 CITY-	ST-ZiP			

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 of supplemental annual report is true and accurate and that my signature shall bave 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: