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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F01672 1. Corporation Name

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Principal Place	e of Business	Mailing Address		1 (18)(8) (()) 00) () () () () () ()	t Milli Atan atan etan an	811 B1811 1961
120 E STUART		120 E STUART AVE				
LAKE WALES FL 33853-4156 LAKE WALES FL 33853-4156			DO NOT WRITE IN THIS SPACE			
US US				THIS SPACE		
				3. Date Incorporated or Qualifed		
L.,				10/15/1980 4. FEI Number		lied For
	lace of Business	2a. Mailing Address		i .	<u> </u>	Applicable
21		26		59-2034766	\$8.75 A	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Red	
22	·	City & State		S. Flanking Complete Singapore		·
City & State	e	— ·		6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	
23	Country	Zip	Country	This corporation owes the current y		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Zip			50	Personal Property Tax.		□No
24	9. Name and Address of Curre			10. Name and Address of New Regis		
	5. Name and Address of Curre	III Registered Agent	81 Name			
SEN	n, frank h					
	EAST STUART AVENUE		82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
!	E WALES FL 33859		83			
""						
			84 City		FL 85 Zip C	ode
		TOT 4500 Florida Statutos	the obeye named corn	nanction submits this statement for the pur	cee of changing its	registered
11. Pursuani	to the provisions of Sections 607.05 egistered agent, or both, in the State	4)2 and 607.1306, Flunda Siatules e of Florida. Such chande was aut	horized by the corporati	ion's hoard of directors. I hereby accept the	appointment as reg	istered
office or r agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	da Statutes.	ON'S BOOKS OF GROOMS OF THE STATE OF THE STA	-	ĺ
agent. I a	im familiar with, and accept the oblig	lations of, Section 607.0005, Florid	aa Statutes.			
agent. I a	Im familiar with, and accept the oblig	gent and title if applicable. (NOTE: R	Registered Agent signature require	sd when reinstating)	ATE	
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered ag OFFICERS A	gent and title if applicable. (NOTE: R	Registered Agent signature require		ATE RS AND DIRECTOR	
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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 of 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

941 676 7624

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90112 007 ***150.00