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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F18286

Mailing Address
109 N. ORLANDO AVENUE COCOA BEACH FL 32931
2a. Mailing Address

FILED Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90014 036 ***150.00

Principal Place	e of Business	Mailing Address						
109 N. ORLANDO AVENUE 109 N. ORLANDO AVENUE COCOA BEACH FL 32931 COCOA BEACH FL 32931								
	4				DO NOT WRITE IN TH	IS SPACE	-	1
					3. Date Incorporated or Qualifed 02/04/1981			
3 Driesinal D	tops of Business	2a. Mailing Address			4. FEI Number		oplied For	┨
	lace of Business	— ·			59-2070780		ot Applicable	1
21	#	Suite, Apt. #, etc.			39-2010100		Additional	′
Suite, Apt.	#, etc.	27 Suite, Apt. #, etc.			5. Certificate of Status Desired	• -	equired	
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be	1
23		28			Trust Fund Contribution		to Fees	
Zip	Country	Zip	Countr	у	8. This corporation owes the current year Intangible			1
24	25	- 	30		Personal Property Tax.			
<u></u>	9. Name and Address of Currer	······································	···		10. Name and Address of New Registere	d Agent]
			8	1 Name				
	SURE, EDWARD C.		8:	2 Street Addr	ess (P.O. Box Number is Not Acceptable)			┨
109	n. Orlando ave.		0,	2 Street Addit	ess (F.O. box Number is Not Acceptable)			
COC	COA BEACH FL 32931		8:	3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		14 14 13	1
		•			A Section of the sect		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4
			8	4 City	F	L 85 Zip	Code	
· · · office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was auf	honzed b	v the corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its ointment as re	s registered egistered	
SIGNATURE								
	Signature, typed or printed name of registered age			ent signature required	- AMPLE ST	AND DIBECT	DDC IN 12	 @
12.	OFFICERS AN	ID DIRECTORS	13.	ent signature required	d when reinstating) : DATE ADDITIONS/CHANGES TO OFFICERS A			1/98)
12.	OFFICERS AN		13. 1.1 TITLE	ent signature required		AND DIRECTO	DRS IN 12	4 (11/98)
12. TITLE NAME	OFFICERS AN VP LEASURE, JAMES E.	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME	ent signature required				1
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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.

TAMES E LEASURE 1-6- 78 783-1530