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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 09, 1999 8:00 am Secretary of State

07-09-1999 90022 003 *****8.75 07-09-1999 90022 004 ***550.00

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OCUMENT # F20540 Corporation Name

'ENA	COR	POR	ATION
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cipal Plac	e of Business	Mailing Address		<u> </u>		,,, 41811 a.a., 21811 a.	•,, •,•,, ,••,
SUNSET I	POINT ROAD	ATT LEES, RALPH. C	;		•		
E E P O BOX 819 ARWATER FL 34625 LARGO FL 33779-819		1		DO NOT WRITE IN THIS SPACE			
ARWATER FL 34625 LARGO FL 33779-819 US		,		3. Date Incorporated or Qualifed			
					02/20/1981		
Principal P	lace of Business	2a, Mailing Address	<u> </u>		4. FEI Number	Apr	lied For
		26			59-2189869	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	 c.			\$8.75 A	dditional
		27			5. Certifcate of Status Desired	Fee Rec	quired
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	May Be
		28			Trust Fund Contribution	Added to	Fees
Žip	Country	Zip	Cou	untry	8. This corporation owes the current year		
	25	29	30		Personal Property Tax.		X No
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New Register	ed Agent	
	0 04 04 0			81 Name			
	S, RALPH C.			82 Street Add	fress (P.O. Box Number is Not Acceptable)		
	S SUNSET POINT READ						
SUN				83		•	
ULE.	ARWATER FL 34625			84 City -		85 Zip C	ode
	•			\ \ \ , `		- L	
Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida	Statutes, the a	bove-named cor	poration submits this statement for the purpose	of changing its	registered
office or i	registered agent, or both, in the Sta am familiar with, and agcept the obli	ite of Florida. Such change idations of Section 607_050	was autnonzed)5. Florida Stat	a by the corporat tutes.	ion's board of directors. I hereby accept the ap		isterad
-	12/2/ 10 Jan 2		sident		May O	1, 1999	
SNATURE	Signature, typed or printed name of registered a		(NOTE: Registered	d Agent signature requir	red when reinstating) DATE		
		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
E	DPT	☐ DELE	1.1 TI	mle]		Change	
Ε,	LEES, RALPH C		1.2 N	AME			☐ Addition
EET ADDRESS				ĺ			Addison
-ST-ZIP	OLEADAMATED CL OACOE	., SUITE E	1.3 S	TREET ADDRESS			Addition
	CLEARWATER FL 34625	., SUITE E	•	TREET ADDRESS			
E	CLEARWAIER FL 34625	., SUITE E	1.4 C	ITY-ST-ZIP		☐ Change	Addition
	CLEARWATER FL 34625		1.4 C	ITLE		☐ Change	
EET ADDRESS			1.4 CF ETE 2.1 TI 2.2 N	ITLE		☐ Change	
			1.4 CI 2.1 TI 2.2 N 2.3 S	ITY-ST-ZIP ITLE IAME		☐ Change	
EET ADDRESS -ST-ZIP			1.4 CI 2.1 TI 2.2 N. 2.3 S' 2.4 C	ITY-ST-ZIP ITLE IAME TREET ADDRESS CITY-ST-ZIP		☐ Change	
		☐ DELE	1.4 CI 2.1 TI 2.2 N. 2.3 S' 2.4 C	STY-ST-ZIP ITLE IAME ITREET ADDRESS CITY-ST-ZIP ITLE			☐ Addition
-ST-ZIP		☐ DELE	1.4 CI 2.1 TI 22 N 2.3 S' 2.4 C 2.5 TE 3.1 TI 3.2 N	STY-ST-ZIP ITLE IAME ITREET ADDRESS CITY-ST-ZIP ITLE			☐ Addition
-ST-ZIP E		☐ DELE	1.4 CC 2.1 TI 22 N 2.3 S 2.4 C	ITY-ST-ZIP ITTLE AME TREET ADDRESS CITY-ST-ZIP ITTLE LAME			☐ Addition☐ Addition☐
-ST-ZIP E		☐ DELE	1 A CI 2.1 TI 2.2 N. 2.3 S' 2.4 C ETE 3.1 TI 3.2 N. 3.3 S' 3.4. C	ITY-ST-ZIP ITTLE AME TREET ADDRESS CITY-ST-ZIP ITTLE LIAME LITREET ADDRESS CITY-ST-ZIP			☐ Addition
-ST-ZIP E		DELE	1.4 CD 2.1 TI 22 N. 2.3 S' 2.4 CD ETE 3.1 TI 3.2 N. 3.3 S' 3.4. CD ETE 4.1 TI 4.5 TI 4.5 TI 5.5 TI 5	ITY-ST-ZIP ITTLE AME TREET ADDRESS CITY-ST-ZIP ITTLE LIAME LITREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition☐ Addition☐
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-ST-ZIP E		DELE	1.4 CD 2.1 TI 22 N. 2.3 S' 2.4 CD 3.1 TI 3.2 N. 3.3 S' 3.4 .CD 4.1 TI 4.2 N. 4.3 S' 4.4 CD 4.	STY-ST-ZIP ITLE IAME TREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE VAME STREET ADDRESS CITY-ST-ZIP TILE VAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition☐ Addition☐
-ST-ZIP E		☐ DELE	1.4 CD 2.1 TI 22 N. 2.3 S' 2.4 CD 3.1 TI 3.2 N. 3.3 S' 3.4 .CD 4.1 TI 4.2 N. 4.3 S' 4.4 CD 4.	STY-ST-ZIP ITLE IAME TREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE VAME STREET ADDRESS STY-ST-ZIP ITLE ITLE		☐ Change	Addition Addition
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-ST-ZIP E		☐ DELE	1.4 CD 2.1 TI 2.2 N. 2.3 S' 2.4 C 2.1 TI 3.2 N. 3.3 S' 3.4. C 2.1 TI 4.2 N. 4.3 S' 4.4 C 2.1 TI 5.2 N. 5.3 S' 5.3	STY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STY-ST-ZIP STREET ADDRESS		☐ Change	Addition Addition
-ST-ZIP E		☐ DELE	1.4 CD 2.1 TI 2.2 N. 2.3 S' 2.4 CD 2.1 TI 3.2 N. 3.3 S' 3.4. CD 2.1 TI 4.2 N. 4.3 S' 4.4 CD 2.1 TI 5.2 N. 5.3 S' 5.4 CD 5.1 TI 5.2 N. 5.3 S' 5.4 CD	STY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STY-ST-ZIP STREET ADDRESS STY-ST-ZIP STREET ADDRESS STY-ST-ZIP STREET ADDRESS STY-ST-ZIP		☐ Change	Addition Addition
-ST-ZIP E		DELE	1.4 CD 2.1 TI 2.2 N. 2.3 S' 2.4 C 2.4 C 2.7 ETE 3.1 TI 3.2 N. 3.3 S' 3.4 C 2.4 C 2.5 ETE 4.5 TI 5.2 N. 5.3 S 5.4 C 6.1 TI 6.1 TI 6.2 TE 6.3 TI	STY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STY-ST-ZIP STREET ADDRESS STY-ST-ZIP STREET ADDRESS STY-ST-ZIP STREET ADDRESS STY-ST-ZIP		☐ Change	Addition Addition Addition

6.3 STREET ADDRESS

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.

IGNATURE:

EET ADDRESS

CALLOS PROSPIE CLEES President

May 01, 1999