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 Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90089 003 ***150.00

	1000			
DOCUI	MENT # F22045			
1. Corporation	RIGHT, INC.			
DOD WIT	Nunt, ING.			E MARTINGO SING NIGHO MONI BURN GIRÐU ONN ALÐIN BIÐIN ÐIÐIN ÐIÐIN ÐIÐIN ÁLÐIN ÐIÐIN ÁLÐIN ÁLÐIN ÁLÐIN ÍÐÐIN ÁLÐIN
Principal Place	e of Business	Mailing Address		F I Bâtige ting 1703 17031 detit geen gest erdt endst eren gren gren gren gren gren
:		717 FORTURNA DR		
717 FORTURNA DR 717 FORTURNA DR PO BOX 1540 33509 PO BOX 1540 33509				DO NOT WRITE IN THE CRACE
BRANDON FL 3		BRANDON FL 33511		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 02/24/1981
2 Deinainal D	Place of Business	2a. Mailing Address		4. FEI Number Applied For
Z. Principal P	race of business	26		59-2063589 Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		\$8.75 Additional
ستخدد و		27		-5. Certificate of Status Desired Fee Required
City & Stat	te	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country		Country	8. This corporation owes the current year Intangible
24	25	29 30		Personal Property Tax. Yes No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registered Agent
W/DH	GHT, ROBERT E		81 Name	me
	FORTUNA DR.		82 Stree	eet Address (P.O. Box Number is Not Acceptable)
	NDON FL 33511		83	
D11/1	21001112 00011			
	-		84 City	FL 85 Zip Code
44 5	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	2 and 607 1509. Elevido Statutos ti	ho above name	and corporation submits this statement for the purpose of changing its registered
office or r agent. I a	registered agent, or both, in the State am familiar with, and accept the obligat	ot Florida. Such chande was authol	rized by the cor	orporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ager	nt and trile if applicable. (NOTE: Regis	stered Agent signature	ture required when reinstating) DATE
12.		=	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, ROBERT E		1.2 NAME	
STREET ADDRESS	• • • • • • • •		1.3 STREET ADORES	ESS
CITY-ST-ZIP	BRANDON FL		1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	S SERVICE		2.1 TITLE	S Shange Tradition
NAME	WRIGHT, W. BERNICE	i i	2.2 NAME	
STREET ADDRESS		-	2.3 STREET ADDRES	ESS
CITY-ST-ZIP	BRANDON FL		2.4 CITY-ST-ZIP 3.1 TITLE	☐ Change ☐ Addition
TITLE		_	3.2 NAME	
NAME			3.3 STREET ADDRES	NECS .
STREET ADDRESS			3.4. CITY-ST-ZIP	
CITY-ST-ZIP			4.1 TITLE	Change Addition
NAME		_	4. 2 NAME	
STREET ADORESS			4.3 STREET ADORES	RESS
CITY-ST-ZIP	}		4.4 CITY-ST-ZIP	
TITLE			5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS	3		5.3 STREET ADDRES	RESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE 1.44	394 di 4311	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME 3	The same		6.2 NAME	
STREET ADORESS		i	6.3 STREET ADDRES	RESS
	1		CACITY OF 7ID	

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.

SIGNATURE: