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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F76158 1. Corporation Name

THE INC

FILED Jan 21, 1999 8:00am **Secretary of State** 01-21-1999 90044 038 ***158.75

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Principal Plac	e of Business	Mailing Address	·.			-	0110f 1 6 f1 01 <u>0</u> 1f	ETECH BION GIAL	
5594 MELALEU	CA LANE	5594 MELALEUCA LA	NE						
P.O. BOX 5419		P.O. BOX 5419	400			DO NOT WE	HTC IN YUN	C CDACE	
LAKE WORTH FL 33463 LAKE WORTH FL 33463					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
						04/06/1982	•		
2. Principal P	lace of Business	2a. Mailing Address		· · · ·		4. FEI Number		T A	pplied For
21		26				59-2226288		⊢ ↓	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc).			5. Certifcate of Status Desired		\$8.75	Additional
22		27				J. Controdic of States Desired	<u> </u>	Fee R	Required
City & Stat	te	City & State				6. Election Campaign Financing			May Be
Zip	Country	28	Cou	nto.		Trust Fund Contribution			to Fees
24 Zip	25	29	30	iiuy		This corporation owes the cur Personal Property Tax.	rrent year In	itangible ☐ Yes	□No
24	9. Name and Address of Curre		30			10. Name and Address of New	Registered		
		3		81 1	Vame		<u> </u>		
	WN, JOAN MURRAY			82 5	Step of Addes	no (D.O. Day Number in Not Asses	inhla)		
	MELALLEUCA LANE			02 3	sireer Addre	ss (P.O. Box Number is Not Accep-	lable)		**********
LAK	E WORTH FL 33463			83					17174
			}	84 (City		<u>n - 1 1 1</u>	85 Zip	Code
		· · · · · · · · · · · · · · · · · · ·		~	νity		FL	_ 65 Zip	Code
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida S	Statutes, the at	ove-n	amed corpo	ration submits this statement for the	purpose o	f changing it	s registered
agent la	im familiar with, and accept the oblig	ations of, Section 607.050	vas authorizeu 5, Florida Statu	ites.	Corporation	is board of directors, i hereby acce	prine appo	miniment as i	egistered
SIGNATURE									[
40	Signature, typed or printed name of registered age		(NOTE: Registered	Agent sig	nature required v		DATE		
TITLE	PST OFFICERS A	ND DIRECTORS DELET	13. TE 1.1 TIT			ADDITIONS/CHANGES TO O	FFICERS A		
NAME	BROWN, JOAN MURRAY	_ jette.			I				☐ Addition 1
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CITY-ST-ZIP		•	1.2 NA		DRESS			Change	Addition
	LIAKE WURIH EL	•	1.3 ST	REET AD	- 1			Change	☐ Addition
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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.

SECONDATIONE.

SIGNATURE:

CR2E034 (11/98)