## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 20, 1999 8:00 am Secretary of State

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Principal Place		Mailing Address				
6449 CLOVIS AV FLUSHING MI 48		6449 CLOVIS AVE. Flushing mi 48433			110 CD 4 OF	
				3. Date Incorporated or Qualified	11S SPACE	<del></del>
				01/20/1998		}
	ace of Business	2a. Mailing Address		4. FEI Number	1	lied For
21		26		38-3300316	\$8.75 AC	Applicable
Suite, Apt1	#, 010.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Req	
22 City & State	- <del></del>	City & State		6. Election Campaign Financing	\$5.00 N	May Be
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year		∄No
24	9. Name and Address of Curr		30	Personal Property Tax.  10. Name and Address of New Register		
<del></del>			81 Name			
	NETT, GERALD		82 Street Add	Iress (P.O. Box Number is Not Acceptable)		
	OLD VILLAGE WAY SMAR FL 34677		83			
OLD	Silver I E OTO! !				<del></del>	l
			84 City		FL 85 Zip Ci	ode
			4 4			
11. Pursuant l	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	es, the above-named corp	poration submits this statement for the purpose	of changing its n	egistered
11. Pursuant to office or reagent. Lar	to the provisions of Sections 607.0 egistered agent, or both, in the Stat m familiar with, and accept the obli	502 and 607.1508, Florida Statute te of Florida. Such change was au gations of, Section 607.0505, Flori	es, the above-named corporation in the corporation in the corporation idea in	poration submits this statement for the purpose	of changing its n	egistered istered
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4. I hereby certify that the information supplied with this filling 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 any eddress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

411-99

810-257-8992

Daytime Phone #