PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # EOOOOOOOOO

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FILED Apr 08, 1999 8:00 am Secretary of State 04-08-1999 90101 018 ***150.00

1. Corporatio	ELOPMENT, INC.	000992							
Principal Plac	e of Business	Malling Address			1 (64 hos 1118 (116) min serti she	nerer & Metif dittille merten	14119 1941	in their can	
PO 80X 8010		PO BOX 8010							
ventura ca s	3002-8010	VENTURA CA 93002-8010			DO NOT WRITE	IN THIS SPAC	Ε		
					3. Date incorporated or Qualifed				
					12/23/1998				
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	L		lied For	
21		26			77-0226577	- 40		Applicable	
Sulte, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		ee Req	dditional ulred	
22	<u></u>	City & State							
City & Star	te .	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cour	try	8. This corporation owes the curren	nt year Intangible	,		
24	25	<u> </u>	30		Personal Property Tax.	☐Ye		□No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent			
			ŀ	81 Name				ı	
	CORPORATION SYSTEM		ŀ	B2 Street Add	fress (P.O. Box Number is Not Acceptable	le)			
	SOUTH PINE ISLAND ROAD		<u>,</u>						
PLAN	TATION FL 33324			83					
			İ	84 City		FL 85	Zip Co	ode	
44 Pursuant	to the provisions of Sections 607.056	02 and 607,1508, Florida Statute	s, the at	ove-named cor	poration submits this statement for the pr	urpose of chang	ing its r	egistered	
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 507.0505, Florida	ithorized Ida Statu	by the corporal les.	poration submits this statement for the pation's board of directors. I hereby accept	the appointment	as reg	stered	
SIGNATURE						DATE			_
SIGNATURE	Old man at 1 hand in bishing the second man and			gent signature requir	and when reinstating) ADDITIONS/CHANGES TO OFF!	DATE CERS AND DIR	ECTOR	S IN 12	(80)
12.	Old man at 1 hand in bishing the second man and	ont and little if applicable. (NOTE: ND ORRECTORS	Registered /	·	red when reinstating) ADDITIONS/CHANGES TO OFFI			RS IN 12	(11/08)
12.	OFFICERS AI	ND DIRECTORS	13.	E	ned when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND DIR			111
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12. TITLE NAME STREET ADDRESS	OFFICERS AND PURNS, ROBERT W 255 W. STANLEY AVE.	ND DIRECTORS	13. 1.1 TIII 12 NA 1.3 STI	E Æ	ned when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND DIR		Addition	2E034 (11
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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 property of the 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 of the statement with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SUGNING OFFICER ON DIRECTOR