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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 27, 1999 8:00am

**Secretary of State** 

01-27-1999 90013 007 \*\*\*150.00

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # G19958 1. CORPORATION FAMILY CORPORATION

Principal Pla 1806 DE LEO PO BOX 1386 SEBRING FL	33871 Place of Business	Mailing Address 1806 DE LEON PLACE SEBRING FL 33870 US  2a. Mailing Address 26 Suite, Apt. #, etc.			3. Date Incorporated or Qualifed 01/24/1983 4. FEI Number 59-2256695	ITE IN THIS SI	PACE Ap	oplied For ot Applicable
City & Sta	ate	27 City & State			Certificate of Status Desired     Election Campaign Financing		Fee Re	<del>·</del>
23		28			Trust Fund Contribution		-	to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the cur	•	•	_
24	25	. 29	30	·	Personal Property Tax.		Yes	□No
	9. Name and Address of			24 1	10. Name and Address of New I	Registered Ag	ent	
RR	OWN, LOIS E	J. C. 1847	•	81 Name		٠,		٠
ਹੈ- ਵੇਜ਼ਿੰ80	6 DE LEON PLACE	COMPORTAGN	•	82 Street Ad	dress (P.O. Box Number is Not Accept	able)	•	
SE	BRING FL 33870	·		83	・ 一			
	x 24 - 45 M			84 City	> 52 = 3 + 7 A + 110	FL	85 Zip (	Code
	registered agent, or both, in the am familiar with, and accept the	obligations of, Section 607.0505, F	londa Statu	by the corpora	tion's board of directors. I hereby acce	ot the appointm	nent as re	gistered
agent. I	registered agent, or both, in the aim familiar with, and accept the Signature, typed or printed name of registropy.  OFFICE:	obligations of, Section 607.0505, F	londa Statu	by the corpora ites.  Agent signature requi	tion's board of directors. I hereby accellined when reinstating): 1253.  ADDITIONS/CHANGES TO OF	DATE FICERS AND I	nent as re	gistered 
SIGNATURE	registered agent, or both, in the am familiar with, and accept the Signature, typed or printed name of registe OFFICEI DPT BROWN, LOIS E 1806 DE LEON PLACE	State of Florida. Such change was obligations of, Section 607.0505, Fered agent and title if applicable.  (NORS AND DIRECTORS	TE: Registered  13. 1.1 TIT	by the corpora ites.  Agent signature requi	tion's board of directors. I hereby acce	DATE FICERS AND I	DIRECTO	gistered
SIGNATURE  12.  TITLE  NAME	registered agent, or both, in the am familiar with, and accept the Signature, typed or printed name of registe OFFICE:  DPT BROWN, LOIS E	State of Florida. Such change was obligations of, Section 607.0505, Fered agent and title if applicable.  (NORS AND DIRECTORS	TE: Registered  13.  1.1 TIT  1.2 NA  1.3 STI	by the corporates.  Agent signature requi	tion's board of directors. I hereby accellined when reinstating): 1253.  ADDITIONS/CHANGES TO OF	DATE FICERS AND I	DIRECTO	gistered
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SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the am familiar with, and accept the Signature, typed or printed name of registe OFFICEI DPT BROWN, LOIS E 1806 DE LEON PLACE	State of Florida. Such change was obligations of, Section 607.0505, Fered agent and title if applicable. (NO RS AND DIRECTORS	TE: Registered  13.  1.1 TIT  1.2 NA  1.3 STI  1.4 CTI	by the corporates.  Agent signature requirements  LE  ME  REET ADDRESS  Y-ST-ZIP  LE	tion's board of directors. I hereby accellined when reinstating): 1253.  ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	RS IN 12
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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 ainual 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.