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

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90261 025 ***158.75

DOCUM 1. Corporation I RUBY-LOU									
Principal Place	of Business	Mailing Address				01141 0831 01811 \$1001 81111 I	I BIOI COLE BIOSI DIC	DII BYQYI WIBIX B	1011 01914 1991
28021 NW 182 AVE HIGH SPRINGS FL 32643 US 28021 NW 182 AVE HIGH SPRINGS FL 32643 US US					2 Doto In	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
					06/20	•	J		1
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Nur	nber			plied For
21 2803	2/ NW 182 14VE	26 28 021 NVS	72	HV	NOT	APPLICABLE			t Applicable
Suite, Apt. #,	getc. Springs Florida	Suite, Apt. #, etc. 27 H/GA 5-781	NG9	F/A.	5. Certifca	te of Status Desired		_ \$8.75 _A Fee Re	equired
City & Chate	13 1).5A	28 3 2 6 4 3	ΰg	A		Campaign Financing and Contribution	<u> </u>	\$5.00 Added t	
Zip	Country, A	Zip	Count	ry	8. This con	poration owes the cu	rrent year Inta		
24 32 64	25 U.S H	29 32642 3	سبر ال	<u> 9</u>		al Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent	8	4 Nome	10. Name a	and Address of New	Registered A	Agent	
UENDEDOON ELLIU				1 Name					
HENDERSON, ELLI H R 3 BOX 4600			8	2 Street A	ddress (P.O. Box	Number is Not Accep	table)		
HIGH SPRINGS FL 32643			8	3					
111011	OF 111100 1 E 320-10				<u> </u>				
			8	4 City			FL	85 Zip (Code
agent. I am	ine provisions of sections sort uses gistered agent, or both, in the State of familiar with, and accept the obligation Ignature, typed or printed name of registered agent.	ons of, Section 607.0505, Florid	a Statute	98.	quired when reinstating)		DATE		
12.	OFFICERS AND		13.		ADDITIC	NS/CHANGES TO C	FFICERS AN		
TITLE	VS	DELETE	1.1 TITLE	1				☐ Change	Addition
	HENDERSON, LEWIS EDWARD		1.2 NAMI						
	28021 NW 182 AVE		1.3 STRE	ET ADDRESS					
CITY-ST-ZIP	HIGH SPRINGS FL 32643	——————————————————————————————————————	1.4 CITY					Change	Addition
TITLE	secretary 1	☐ DELETE	2.1 TITLE	1				[_] Change	
NAME	FALI HONDERSO 18021 NW 182 A	7 K	2.2 NAMI	ì					
STREET ADDRESS	28021 NW 182 M	1 m 27/11 3	1	ET ADDRESS					
CITY-ST-ZIP	FIEN SPAINES F	TOELETE	3.1 TITLE	'-ST-ZIP				Change	Addition
TITLE]			3.2 NAMI						_
NAME				ET ADDRESS					
CITY-ST-ZIP			3.4. CITY	- 1					
TITLE		☐ DELETE	4,1 TITLE					Change	☐ Addition
NAME			4. 2 NAM	le [
STREET ADDRESS			4 3 STRE	ET ADDRESS					
CITY-ST-ZIP			4.4 CITY			<u> </u>			
TITLE		☐ DELETE	5.1 TITLE				- 	Change	Addition
NAME			5.2 NAM	E ∫				•	
STREET ADDRESS			5.3 STRE	EET ADDRESS					
CITY-ST-ZIP			5.4 CITY				<u></u>		
TITLE		☐ DELETE	6.1 TITLE	i				Change	Addition
NAME			62 NAM	ε l					

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP