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

Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90025 022 ***150.00

1. Corporation	MENT # G50863 T CAPITAL CORP.	3					
Principal Place	e of Business	Mailing Address			- L TOBERRY BURY BURN BRIGHT FRANKS BURN	ALAN MIMIN MEMAN MINDIN MAMIN MA	DII \$1811 (881
Principal Place of Business 106 PINEVIEW ROAD JUPITER FL 33469-3114 US		106 PINEVIEW ROAD JUPITER FL 33469-3114 US		DO NOT WRITE	IN THIS SPACE		
		00			3. Date Incorporated or Qualifed 07/21/1983		
3 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
<u>⊢</u> -1	iace of Dusiness	— ·	26				Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		59-2320757	\$8.75 A	dditional	
22	*** *** *** *** *** ***	27			5. Certificate of Status Desired	Fee:Rec	quired—
City & State	e	City & State		6, Election Campaign Financing Trust Fund Contribution	\$5.00 h	. ,	
Zip	Country	Zip	Country		8. This corporation owes the current	year Intangible	
24	25	29 30	5		Personal Property Tax.		□No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Rec	istered Agent	
	, , , , , , , , , , , , , , , , , , , ,		[81]	Name			
LYNCH, RICHARD F 106 PINEVIEW ROAD				Street Adda	ress (P.O. Box Number is Not Acceptable	3)	
				0000000		<u></u>	
JUPITER FL 33469			83				
·			84	City		85 Zip C	ode
	• .		1 1	-		FL \ \	i i
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	12 and 607.1508, Florida Statutes, of Florida. Such change was auth ations of, Section 607.0505, Florida	the above lorized by a Statutes.	e-named corp the corporation	oration submits this statement for the puon's board of directors. I hereby accept t	rpose of changing its re ne appointment as reg	registered pistered
SIGNATURE	Signature, typed or printed name of registered age	at and title if applicable (NOTE: De	nietered Agen	t empeture require	id when reinstating)	DATE	\
12.		ND DIRECTORS	13.	t signature require	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	PSD	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	LYNCH, RICHARD F	1	1.2 NAME				
STREET ADDRESS			1.3 STREET ADDRESS				
CITY-ST-ZIP	JUPITER FL	,	1.4 CITY-ST				
TILE	· ·	DELETE 21				☐ Change	Addition
NAME	_		2.2 NAME	1			ĺ
STREET ADDRESS	-		2.3 STREET	TADDRESS			1
CITY-ST-ZIP		,	2. 4 CITY-S	1			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			{
CITY-ST-ZIP		, , , , , , , , , , , , , , , , , , ,	3.4. CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME		į	4. 2 NAME				ļ
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP		1	4.4 CITY-57		_		
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				}
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP	<u> </u>		5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition

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

SIGNATURE:

NAME

STREET ADORESS



3-30-99

561 746 95 06