FILED May 11, 1999 8:00 am Secretary of State

05-11-1999 90039 039 \*\*\*150.00

## 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

DOCUMENT	#	G96969
Corporation Name		GOOOG

MALLIC DEALTY INC

MILLI9	HEAL	ΙŢ,	INU

Principal Place of Business	Mailing Address	
320-A WEST BEARSS AVEVE TAMPA FL 33613	320-A WEST BEARSS AVEVE TAMPA FL 33613	

|--|

17441174 12 00010					DO NOT WRITE	IN THIS SPA	SE _	
					3. Date Incorporated or Qualifed			-
					04/04/1984			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		App	lied For
21		26			59-2482912		Not	Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				□ \$ <b>!</b>	3.75 Ac	ditional
22		27			5. Certifcate of Status Desired		Fee Req	uired
City & State		City & State		<del></del>	6. Election Campaign Financing	□ <b>\$</b>	5.00 N	/lay Be
23		28			Trust Fund Contribution	<u> </u>	Added to	Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the curren	t year Intangib	le	ì
24	25	29	0		Personal Property Tax.		es [	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Ager	.t	
			8	Name		_		
	s, betty r		-	Street Add	ress (P.O. Box Number is Not Acceptable	9		<del></del>
1440	HOUNDS HOLLOW CT.		۱,	Street Addi	ress (F.O. Dox Humber is Not Acceptable	0)		
LUTZ	FL 33549		1	13				
			ļ_				T = -	
			18	City		FL 85	Zip C	ode
11 Pursuant to	o the provisions of Sections 607 0502	and 607.1508. Florida Statutes	the abo	ve-named corp	poration submits this statement for the pu	rnose of chan	ging its r	egistered
office or re	gistered agent, or both, in the State of	Florida. Such change was aut	housed t	by the corporation	on's board of directors. I hereby accept	he appointme	nt as reg	istered
		ons of, Section 607. Yous, Profit	Sialu	<sup>68</sup> . M 11	1.00.	4.25.	99	
SIGNATURE ,	Signature, Typed or printed name of registered agent	and title if annivable (NOTE: 8	edistered	gent agriature require	od when reinstating)	DATE	//	
12.	OFFICERS AND		13.	,	ADDITIONS/CHANGES TO OFFI	CERS AND DI	RECTOR	RS IN 12
TITLE	PVS	☐ DELETE	1.1 TITL	E			Change	☐ Addition
	WILLIS, BETTY R.		1.2 NAM	ε				
	1440 HOUNDS HOLLOW CT.			EET ADDRESS				
	LUTZ FL			-ST-ZIP				
CITY-ST-ZIP TITLE	LOIZ TE	☐ DELETE	2.1 TITU				Change	Addition
1			2.2 NAM					
NAME			1	EET ADDRESS				J
STREET ADDRESS			1	-ST-ZIP				
CiTY-ST-ZiP		☐ DELETE	3.1 TITL			П.	Change	Addition
TITLE		Deterie	3.2 NAM			_	•	
NAME								
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP		☐ DELETE	-	r-ST-ZIP			Change	Addition
TITLE			4.1 TITL				J. Idingo	
NAME			4. 2 NAM	<b>I</b>				
STREET ADDRESS			4.3 STR	EET ADDRESS				
CITY-ST-ZIP			_	-ST-ZIP			Change	Addition
TITLE		☐ DELETE	5.1 TITL	1		Ų	Change	Addition
NAME			5.2 NAM					
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE		☐ DELETE	6.1 TITL	1			Change	☐ Addition
NAME			6.2 NAM	E				
STREET ADDRESS			6.3 STR	EET ADDRESS				
CITY-ST-ZIP			6.4 CITY	-ST-ZIP				

CITY-ST-ZIP 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATUR OFFICER OR DIRECTOR