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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # HOO577

 Corporatio 	ON, INC.	,								
Principal Plac	e of Business	Mailing Address					BION 3111 00111 00101 01111	 		HIDI) BIBIL 1831
% BENEDICT A. STUDER % BENEDICT A. STUDER 8949 NEW YORK AVE. 8949 NEW YORK AVE.						DO NOT WRITE IN THIS SPACE				
HUDSON FL 34	4067	HUDSON FL 34667				3. Date In 04/24	corporated or Qualife			
2. Principal P	Place of Business	2a. Mailing Addres	ss			4. FEI Nut	nber		Ap	plied For
21		26				59-33	<u>58133</u>			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, 6	etc.			5. Certifca	te of Status Desired		\$8.75	1
22		27							Fee Re	
City & Stat	te	City & State					Campaign Financing	g	\$5.00	
23		28	. ~ .	ountry	•		und Contribution	<u> </u>	Added t	o Fees
Zip	Country	Zip		ounuy			poration owes the cu	ırrent year in		□No
24	9. Name and Address of Curre	29	30	1			al Property Tax. and Address of New	Registered		
	5. Name and Address of Curre	ant registered Agent		81	Name	10. Name	Address of flesh	regiotorea	riguii.	
STU	IDER, BENEDICT A.	•			-					
8949 NEW YORK AVENUE				82	Street /	Address (P.O. Box	Number is Not Acces	otable)		
	OSON FL 34667			83						
									•	
				84	City			FL	85 Zip (Code
44 5	to the provisions of Sections 607.05	OR 1 COZ 4500 FI-24	-a				- Aleda - 4 - 4 4 - 4 - 4 - 4 - 4			ropiotorod
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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 in Ganged, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS