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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H09303

1, Corporation Name

	FI	LED	
Feb	12,	1999	8:00am
Sec	creta	ary of	f State

02-12-1999 90024 003 ***150.00

Principal Pla	ace of Business	Mailing Address			<u> </u>	8 4441 88 48 8 144 8 481 1		
,		Mailing Address						
% RAMON F. CAMPO			O DOV 2410					
BRANDON FL 33509 BRANDON FL 33509			*U BUX 241U	DO NOT WRITE IN THIS SPACE			CDACE	
US		US			3. Date Incorporated or Qu		SPACE	
					06/25/1984	1dillet		
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number			
21 26				59-2418994		<u> </u>	oplied For	
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.		.	1 39 24 10934			ot Applicable
22		27			5. Certifcate of Status Des	ired 🔲	\$8.75	Additional equired
City & Sta	ate	City & State			a Flastica Compaign Fine			<u> </u>
23		28			6. Election Campaign Fina Trust Fund Contribution	ncing 🗆 🚟	\$5.00	
Zip	Country	Zip	Country	,			Added	to Fees
24	25	29	30		This corporation owes the Personal Property Tax.	ne current year int	angible □Yes	DN-
	9. Name and Address of Curre		1301		10. Name and Address of	Now Posistered		□No
-		, regiotores Agent	81	Name	10. Name and Address of	New Registered	Agent	
CA	MPO, RAMON F.		"	, maine				
710	OAKFIELD DRIVE		82	Street Add	ress (P.O. Box Number is Not A	cceptable)		******
SU	NE 117				1 - 4491741 624 - 6146 - 4153	a to occupate also a	185 BIL 18 B. C.	71814 (F1312 + 1484
	ANDON FL 33511		[83]					
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er baceras r	t to the provisions of Sections 607.050 registered agent, or both, in the State			•	•	FL	1 1 '	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	rida Statutes.	•	ed when reinstating)	DATE		
12.	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTE:	Registered Agent	•	ed when reinstating).			R\$ IN 12
12. TITLE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTE:	Registered Agent	•	ed when reinstating)		D 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 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DESCRIPTION TO STATE OF SIGNING OFFICER ON DESCRIPTION OF SIGNING OF SIGNING OFFICER ON DESCRIPTION OF SIGNING OFFICER OF SIGNING OFFICER OF SIGNING OF SIGNING OFFICER OFFICER OF SIGNING OFFICER OFFICE SIGNATURE:

2-3-99

813 685-4214

Daytime Phone #