PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H1244 1. Corporation Name

FILED Apr 05, 1999 8:00 am Secretary of State

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Principal Place	e of Business	Ma	ailing Address				- F LOOP DIT JINT HISTO THAT OF OUR DEFOR WITH ORDING	ini Tinu iinu i	HER BRUIL I GOT
			9 VAN KLEECK DRIVE						
4709 VAN KLEECK DRIVE NEW SMYRNA BEACH FL 32169-4208			NEW SMYRNA BEACH FL 32169-4208					*	-
							DO NOT WRITE IN THIS	SPACE	
							3. Date Incorporated or Qualifed		
							07/16/1984	1.	
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number	h	plied For
21		26					59-2465348		t Applicable
Suite, Apt.	#, etc.	\vdash	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 / Fee Re	1
22		27				1 · ·			
City & Stat	ب مور تاسیسید کارند کیا و e	~- <u> </u>	City & State				6. Election Campaign Financing		May Be
23		28					Trust Fund Contribution		to Fees
Zip	Country	<u> </u>	Zip	Cou	ntry		8. This corporation owes the current year Inf	angible Yes	□No
24	25	29		30			Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Curre	nt Regis	tered Agent		81	Name	10. Name and Address of New Registered	Agent	
ΤΔΥΙ	.OR, RICHARD W								
112 NORTH FLORIDA AVENUE					82	Street Addres	ess (P.O. Box Number is Not Acceptable)		\
DELAND FL 32720					83				
ULU	14D 1 C 32/20				83	•	•		ţ
					84	City	FL	85 Zip	Code
11, Pursuant	to the provisions of Sections 607.05	02 and 6	07.1508, Florida Statut	es, the al	ove-	named corpor	eration submits this statement for the ournose of	changing its	registered
office or r	egistered agent, or both, in the State im familiar with, and accept the oblig	of Florid	ia. Such change was a Section 607,0505, Flo	iuthorized irida Stati	by ti	he corporation	n's board of directors. I hereby accept the appoi	ntment as re	gistered
	in laminar with, and dooopt and oblig	007.0 01,							
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title i	if applicable. (NOTE	: Registered	Agent	signature required	when reinstating) DATE		
12.	OFFICERS A								
· - ·	OFFICEROA	ND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AN		
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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 an officer or director of the corporation or the receiver or trustee empowered.

SIGNATURE:

904 258-9502