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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H13854**

Principal Place of Business Mailing Address 13921 WATERFRONT DRIVE PINELAND FL 33945 US Mailing Address POST OFFICE BOX 301 N/A PINELAND FL 33945 US DO NOT V 3. Date Incorporated or Qualiti		
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07/25/1984	100	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	-	Applied For-
21 26 59-2434265	<u> </u>	Not Applicable 5 Additional
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	Fee	Required
City & State City & State 6. Election Campaign Financi	-	00 May Be
23 Trust Fund Contribution		ed to Fees
Zip Country Zip Country 8. This corporation owes the	current year Intangible	□No
24 25 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of Ne		
81 Name		
MATTSON, RUSSELL W. 14120 BOKEELINA RD 82 Street Address (P.O. Box Number is Not Acc	eptable)	
PINELAND FL 33945		
84 City	FL 85 Z	Tip Code
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby acquent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS AND DIREC	CTORS IN 12
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Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 12.	OFFICERS AND DIREC	ge Addition ge Addition ge Addition ge Addition

14. 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 postee 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 attaching with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR