## 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 # H34204

1. Corporation Name

Principal Place of Business		Mailing Addres	ss
3024 NE 21ST WAY SUITE #3 GAINESVILLE FL 32609		3024 NE 21ST SUITE #3 GAINESVILLE F	
Principal Place of Busines	 s	2a. Mailing Ad	dress
Suite, Apt. #, etc.		Suite, Apt.	#, etc.
City & State		City & Star	te
Zip	Country	Zip	Country

## **FILED** Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90169 037 \*\*\*158.75



)		u,			•							
Principal Place	e of Business	Ma	ailing Address				t changes again the	0)8(2 ))4)) 40	116 15 18 18 18 18 18 18 18 18 18 18 18 18 18		Bient 81811 1681	
3024 NE 21ST	WAY	302	4 NE 21ST WAY									
SUITE #3 SUITE #3						DO	NOT WEI	re ini tuis	SDACE			
GAINESVILLE FL 32609 GAINESVILLE FL 32609							DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed					
						_	12/14/1984	u Quameu				
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number			A	pplied For	
21		26					59-2611238				ot Applicable	4
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certifcate of Status	Desired	- <b>12</b> / ·	•	Additional .	- -
22		27									equired	4
City & Stat	e	$\vdash$	City & State				6. Election Campaign	•			May Be	
23		28					Trust Fund Contribu				to Fees	-
Zip	Country	$\vdash$	Zip	Coul	ntry		8. This corporation ow		ent year Int	angible ⊠Yes	□No	
24	25	29		30	-		Personal Property 3  10. Name and Addres		logietorod			4
<del></del>	9. Name and Address of Curre	ent Regis	tered Agent		81	Name	IV. Name and Addres	S UI NEW I	egistered	Agent		1
BRV	ANT, CARSWELL E			ļ		Wallie						_
	NE 21ST WAY				82	Street Ac	dress (P.O. Box Number is N	lot Accepta	ble)			}
SUIT				ļ	83							┨
	NESVILLE FL 32609				83							
إ	TEOVIELE I E GEGGG			ļ	84	City			FL	85 Zip	Code	7
			07.4500 Ft- 11. Ot-1.					ont for the		changing it	registered	4
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	502 and 60	07.1508, Florida Statut	es, the at	ove	:-nameo co	orporation submits this statem ation's board of directors. The	rehv accer	t the appoi	ntment as r	egistered	
i office or r	edistered avent, or poth, in the Stat	eorrionu	ia. Outili viialiya was c	uliionzea	ועסי	the corpora		TODY LOOOP	b b o .			i
agent. I a	m familiar with, and accept the oblig	gations of,	Section 607.0505, Flo	rida Statu	ites.	the corpora		TODY GOOD	······································			Ì
agent. I a	m familiar with, and accept the oblig	gations of,	Section 607.0505, Flo	rida Stati.	ites.	the corpora						
agent. I a	m familiar with, and accept the oblig	gations of,	Section 607.0505, Flo	rida Stati.	ites.	the corpora	uired when reinstating)	<u>-</u>	DATE		<del></del>	
agent. I a SIGNATURE 12.	m familiar with, and accept the oblic  Signature, typed or printed name of registered at  OFFICERS A	gations of,	Section 607.0505, Flor of applicable. (NOTE CTORS	Registered	Agent	the corpora		<u>-</u>	DATE		ORS IN 12	
agent. I a SIGNATURE  12.  TITLE	signature, typed or printed name of registered at OFFICERS A	gations of,	Section 607.0505, Flo	Registered 13.	Agent	the corpora	uired when reinstating)	<u>-</u>	DATE	D DIRECT	ORS IN 12	
agent. I a SIGNATURE  12.  TITLE NAME	Signature, typed or printed name of registered as  OFFICERS A  P  BRYANT, CARSWELL E	gations of,	Section 607.0505, Flor of applicable. (NOTE CTORS	Registered 13. 1.1 TIT	Agent LE ME	t signature requ	uired when reinstating)		DATE	D DIRECT	ORS IN 12	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A P BRYANT, CARSWELL E 3024 N.E. 21ST WAY, STE. 4	gations of,	Section 607.0505, Flor of applicable. (NOTE CTORS	: Registered 13. 1.1 TIT 1.2 NA 1.3 ST	Agent LE ME REET	t signature requ	uired when reinstating)		DATE	D DIRECT	ORS IN 12	
agent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered as  OFFICERS A  P  BRYANT, CARSWELL E	gations of,	Section 607.0505, Fic. of applicable. (NOTE	Registered 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT	Agent LE ME REET	t signature requ	uired when reinstating)		DATE	D DIRECT	ORS IN 12	
agent.   a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered as OFFICERS A P BRYANT, CARSWELL E 3024 N.E. 21ST WAY, STE. 4	gations of,	Section 607.0505, Flor of applicable. (NOTE CTORS	:: Registered 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.1 TIT	Agent LE ME REET TY-ST	t signature requ	uired when reinstating)		DATE	D DIRECT	ORS IN 12	
agent.   a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered as OFFICERS A P BRYANT, CARSWELL E 3024 N.E. 21ST WAY, STE. 4	gations of,	Section 607.0505, Fic. of applicable. (NOTE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA	Agent LE ME REET TY-ST LE	t signature requirements of the corporation of the	uired when reinstating)		DATE	D DIRECT	ORS IN 12	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A P BRYANT, CARSWELL E 3024 N.E. 21ST WAY, STE. 4	gations of,	Section 607.0505, Fic. of applicable. (NOTE	: Registered 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.2 NA 2.3 ST	Agent LE ME REET TY-ST LE ME REET	t signature required to signature required t	uired when reinstating)		DATE	D DIRECT	ORS IN 12	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS A P BRYANT, CARSWELL E 3024 N.E. 21ST WAY, STE. 4	gations of,	Section 607.0505, Fic. of applicable. (NOTE CTORS DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CT 1.7 TIT 2.2 NA 2.3 ST 2.4 CJ	Agent LE ME REET TY-ST LE REET TY-ST	t signature required to signature required t	uired when reinstating)		DATE	D DIRECT	ORS IN 12	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered as OFFICERS A P BRYANT, CARSWELL E 3024 N.E. 21ST WAY, STE. 4	gations of,	Section 607.0505, Fic. of applicable. (NOTE	: Registered 13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.2 NA 2.3 ST 2.4 CI 3.1 TII	Agent LE ME REET LE ME REET TY-ST LE TY-ST	t signature required to signature required t	uired when reinstating)		DATE	D DIRECT Change	ORS IN 12 Addition	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or printed name of registered as OFFICERS A P BRYANT, CARSWELL E 3024 N.E. 21ST WAY, STE. 4	gations of,	Section 607.0505, Fic. of applicable. (NOTE CTORS DELETE	13. 1.1 TI 12 NA 1.3 ST 1.4 CIT 22 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA	Agent LE ME REET TY-ST LE ME TY-ST	t signature requirements of the comports of th	uired when reinstating)		DATE	D DIRECT Change	ORS IN 12 Addition	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A P BRYANT, CARSWELL E 3024 N.E. 21ST WAY, STE. 4	gations of,	Section 607.0505, Fic. of applicable. (NOTE CTORS DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST	Agent LE ME REET LE ME REET TY-ST LE ME REET TY-ST LE ME REET	TADORESS T-ZIP TADORESS T-ZIP	uired when reinstating)		DATE	D DIRECT Change	ORS IN 12 Addition	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS A P BRYANT, CARSWELL E 3024 N.E. 21ST WAY, STE. 4	gations of,	Section 607.0505, Fic.  If applicable. (NOTE CTORS DELETE  DELETE	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CJ 3.1 TII 3.2 NA 3.3 ST 3.4 CJ	Agent LE ME REET LE ME REET TY-ST LE ME REET TY-ST LE ME REET TY-ST	TADORESS T-ZIP TADORESS T-ZIP	uired when reinstating)		DATE	D DIRECT Change	ORS IN 12 Addition Addition	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered as OFFICERS A P BRYANT, CARSWELL E 3024 N.E. 21ST WAY, STE. 4	gations of,	Section 607.0505, Fic. of applicable. (NOTE CTORS DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CT 4.1 TIT	Agent LE ME REET LE ME REET TY-ST LE REET TY-ST LE TY-ST LE TY-ST LE	TADORESS T-ZIP TADORESS T-ZIP	uired when reinstating)		DATE	D DIRECT Change	ORS IN 12 Addition	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered as OFFICERS A P BRYANT, CARSWELL E 3024 N.E. 21ST WAY, STE. 4	gations of,	Section 607.0505, Fic.  If applicable. (NOTE CTORS DELETE  DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA	Agent LE ME REET LE ME REET TY-ST LE ME REET TY-ST LE AME	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	uired when reinstating)		DATE	D DIRECT Change	ORS IN 12 Addition Addition	
AGENT. I A SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A P BRYANT, CARSWELL E 3024 N.E. 21ST WAY, STE. 4	gations of,	Section 607.0505, Fic.  If applicable. (NOTE CTORS DELETE  DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 4.3 ST 4.2 NV 4.3 ST	Agent LE ME REET LE ME REET TY-ST LE ME REET TY-ST LE AME REET TY-ST REET TY-ST REET TY-ST REET TY-ST REET REET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	uired when reinstating)		DATE	D DIRECT Change	ORS IN 12 Addition Addition	
AGENT. I A SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS A P BRYANT, CARSWELL E 3024 N.E. 21ST WAY, STE. 4	gations of,	Section 607.0505, Fic. of applicable. (NOTE CTORS DELETE  DELETE  DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.2 NA 2.3 ST 2.4 CIT 3.2 NA 3.3 ST 3.4 CIT 4.2 NV 4.3 ST 4.4 CIT 4.	Agent LE ME REET LE ME REET TY-ST	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	uired when reinstating)		DATE	D DIRECT Change Change	ORS IN 12 Addition Addition Addition	
agent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	Signature, typed or printed name of registered as OFFICERS A P BRYANT, CARSWELL E 3024 N.E. 21ST WAY, STE. 4	gations of,	Section 607.0505, Fic.  If applicable. (NOTE CTORS DELETE  DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.2 NA 2.3 ST 2.4 CIT 3.1 TIT 3.2 NA 3.3 ST 3.4 CIT 4.2 NV 4.3 ST 4.4 CIT 5.1 TIT 5.	Agent LE ME REET LE ME REET TY-ST LE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	uired when reinstating)		DATE	D DIRECT Change	ORS IN 12 Addition Addition	
agent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered at OFFICERS AP BRYANT, CARSWELL E 3024 N.E. 21ST WAY, STE. 4 GAINESVILLE FL 32609	gations of,	Section 607.0505, Fic. of applicable. (NOTE CTORS DELETE  DELETE  DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 2.3 ST 4.4 CI 4.1 TIT 4.2 NV 4.3 ST 4.4 CI 5.1 TIT 5.2 NA	Agental Agenta	TADORESS T-ZIP TADORESS T-ZIP TADORESS T-ZIP TADORESS T-ZIP	uired when reinstating)		DATE	D DIRECT Change Change	ORS IN 12 Addition Addition Addition	
agent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered at OFFICERS AP BRYANT, CARSWELL E 3024 N.E. 21ST WAY, STE. 4 GAINESVILLE FL 32609	gations of,	Section 607.0505, Fic. of applicable. (NOTE CTORS DELETE  DELETE  DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NV 4.3 ST 4.4 CI 5.1 TIT 5.2 NA 6.3 ST	Agent LE ME REET TY-ST	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	uired when reinstating)		DATE	D DIRECT Change Change	ORS IN 12 Addition Addition Addition	
agent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered at OFFICERS AP BRYANT, CARSWELL E 3024 N.E. 21ST WAY, STE. 4 GAINESVILLE FL 32609	gations of,	Section 607.0505, Fic. of applicable. (NOTE CTORS DELETE  DELETE  DELETE  DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 2.3 ST 4.4 CI 4.1 TIT 4.2 NV 4.3 ST 4.4 CI 5.1 TIT 5.2 NA 6.3 ST 5.4 CIT	Agent LE ME REET TY-ST LE ME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	uired when reinstating)		DATE	D DIRECT Change Change Change	ORS IN 12 Addition Addition Addition Addition	
AGENT. I A SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	Signature, typed or printed name of registered at OFFICERS AP BRYANT, CARSWELL E 3024 N.E. 21ST WAY, STE. 4 GAINESVILLE FL 32609	gations of,	Section 607.0505, Fic. of applicable. (NOTE CTORS DELETE  DELETE  DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NV 4.3 ST 4.4 CI 5.1 TIT 5.2 NA 6.3 ST 5.4 CI 6.1 TIT	Agental LE ME REST Y LE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	uired when reinstating)		DATE	D DIRECT Change Change	ORS IN 12 Addition Addition Addition Addition	
agent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered at OFFICERS AP BRYANT, CARSWELL E 3024 N.E. 21ST WAY, STE. 4 GAINESVILLE FL 32609	gations of,	Section 607.0505, Fic. of applicable. (NOTE CTORS DELETE  DELETE  DELETE  DELETE	### Registered   13.   1.1 TIT   1.2 NA   1.3 ST   1.4 CIT   2.2 NA   2.3 ST   2.4 CIT   3.2 NA   3.3 ST   3.4 CIT   4.2 NV   4.3 ST   4.4 CIT   5.1 TIT   5.2 NA   6.3 ST   5.4 CIT   6.2 NA	Agental LE ME REET TYLE ME REET TYLE ME REET TYLE AME REET TYLE AME REET TYLE AME REET TYLE ME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	uired when reinstating)		DATE	D DIRECT Change Change Change	ORS IN 12 Addition Addition Addition Addition	

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 changes, or on an attachment with an address with all other like empowered.

SIGNING OFFICER OR DIRECTOR

SIGNATURE:

352-378-9613