FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

US

930 S. HARBOR CITY BLVD.

MELBOURNE FL 32901

2a. Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H36230**

Principal Place of Business 930 S. HARBOR CITY BLVD.

2. Principal Place of Business

MELBOURNE FL 32901

US

CRISSE BATES FOSTER, P.A.

ن ا	26					59-2496894		Not	t Applicable 🕺
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	V	\$8.75 A	t Applicable additional
							V	Fee Re	quired
27						6. Election Campaign Financing	,	\$5.00	May Be
3 28						Trust Fund Contribution	. 🗀	Added to	7
Zip Country Zip				ntry		8. This corporation owes the curr	rent vear Inta	naible .	
24]	25 29 30					Personal Property Tax.			□No
9. Name and Address of Current Registered Agent					-	10. Name and Address of New I	Registered /	gent	
FOSTER, CRISSE BATES					Name				
930 S. HARBOR CITY BLVD. 505 MELBOURNE FL 32901				82 Street Address (P.O. Box Number is Not Acceptable)					
				83	33				41.5141.1521
									世紀時
MEEDCOME 1 E 02001				84	City	18 to 19		85 Zip C	ode " "
			لِــــا				<u> </u>		intered
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes,	the at	oove-i	named corpo ne corporatio	oration submits this statement for the in's board of directors. I hereby acce	purpose of o	manging its itment as rec	registered .
oπice or r	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statu	ites.	ic corporatio	into Bodia of all obtologic in the coop according			
SIGNATURE	•					`		· <u> </u>	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered	Agent s	signature required	f when reinstating).	DATE		
12.	OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	DELETE OF			1.1 TITLE		Jangara, Ct		Change	Addition
NAME	FOSTER, CRIS BATES			1.2 NAME					-
STREET ADDRESS	690 FOUNTAIN BLVD			1.3 STREET ADDRESS					
CITY-ST-ZIP	SATELLITE BEACH FL			Y-ST-	ZIP				
TITLE	· 🗍 DELETE			2.1 TITLE		11000		☐ Change	Addition
NAME		_	2.2 NA	MF		•			
					ADORESS				
STREET ADDRESS				TY-ST-	1				-
CITY-ST-ZIP					-ZIP			Change	Addition
TITLE	Detere		3.1 TITLE 3.2 NAME						
NAME .								-	
STREET ADDRESS			3.3 STREET ADDRESS				N 7 11 11 11 11 11 11 11 11 11 11 11 11 1	1.15	新福港
CITY-ST-ZIP				TY-ST-	- ZIP			10 20 9	Entra Color
TITLE	DELETE			4.1 TITLE			4. 2	Change	Addition
NAME			4. 2 N	AMÉ					
STREET ADDRESS			4.3 ST	REET A	ADDRESS				
CITY-ST-ZIP			4.4 CI	TY-ST-	ZIP				
TITLE		☐ DELETE	5.1 TIT	rle		-		Change	☐ Addition
NAME			5.2 NA	ME	ĺ	2 T C			
STREET ADDRESS			5.3 ST	REETA	ADDRESS				ţ,
CITY-ST-ZIP	:		5.4 CI	TY-ST-	ZIP				{
TITLE	:	☐ DELETE	6.1 TIT	rLE				Change	Addition
			6.2 NA	ME.					
NAME					ADDRESS				
STREET ADDRESS				TY-ST-			•		
CITY-ST-ZIP	certify that the information supplied with	His filing tops not available or the	0.000	mntio	n stated in S	Section 119 07(3)(i) Florida Statutes	I further cer	ify that the i	nformation
14. I hereby of indicated	on this annual report or supplied with on this annual report or supplemental director of the corporation or the receive	annual report is true and accurat	e and	that r	my signature	shall have the same legal effect as	if made unde	r oath; that	l am an
officer or	director of the corporation or the feceiv	er or trustee empowered to exe	cute th	is rep	port as requi	red by Chapter 607, Florida Statutes	; and that m	y name appe	ars in
Block 12	or Block 13 if changed, or or an attach	ment with an aardress with all of	aler iik	e em	powereu.	1 -	20	(401/	, , -
SIGNAT	TIPE: ////////	Tition 1	THE STATE	(= <u>_</u>	₹ \		.49	484.	-1450
SIGNAT	SIGNATURE END TYPED OR	PRINTED NAME OF SIGNING OFFICER OF	DIREC	TOR	•	Date	D;	ytime Phone #	

02-10-1999 90073 037 ***158.75

DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

12/31/1984 4. FEI Number

FILED Feb 10, 1999 8:00am **Secretary of State**