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**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # H36514



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90063 049 \*\*\*150.00

LOON CONNECTION, INC.	

THE BAL	LLOON CONNECTION, INC	)  -				
Principal Place	e of Business	Mailing Address			U U   B U   U U   D U   U	H117 (86)
% BOBBI ROBE	ERTS	% BOBBI ROBERTS				
204 LIVE OAKS BLVD. 204 LIVE OAKS BLVD		DO NOT WRITE IN THE	e enace	F-4		
GASSELBERRY FL 32707 CASSELBERRY FL 32707-		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
				12/28/1984		
2 Ownstant Di	Place of Business	2a. Mailing Address		12/20/1904 4. FEI Number	Applied	For
		26 201 Live C	Out 1	59-2478432	Not Ap	
21 202 Suite, Apt.	Live CAUS BLVd	Suite, Apt. #, etc.	WAS DIAM.	<u>_</u>	\$8.75 Addit	
22	<i>n</i> , σω.	27		5. Certifcate of Status Desired	Fee Require	∍d
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May	Be
23 Cass	ilberin Fl.	28 (a 55 el b err.	, Fe.	Trust Fund Contribution	Added to Fe	
Zip	Country	Zip	Country	8. This corporation owes the current year I		
24 3270	5) 25 Samonale	29 3 27 07	30 Sample	Personal Property Tax.	Yes 🗆 N	lo
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered	d Agent	
			81 Name			
	BERTS, BOBBI		82 Street Add	Iress (P.O. Box Number is Not Acceptable)		
	LIVE OAKS BLVD					
CAS	SELBERRY FL 32707		83			
<u> </u>			84 City		85 Zip Code	i
}				<u> </u>		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the purpose of	of changing its regis	stered
24E 22 22 2	enciatored agant or both in the State	o of Elorida. Such change was at	thorized by the cornoration	ion's board of directors. I hereby accept the app	ointment as registe	red
office or n	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was at	ithorized by the corporati	ion's board of directors. I hereby accept the app	ointment as registe	red
office or n agent. I a	registered agent of both in the State	e of Florida. Such change was at	ithorized by the corporati	ion's board of directors. Thereby accept the app	ointment as registe	red
office or n agent. I as	registered agent, or both, in the State am familiar with, and accept the oblig  Signature, typed or printed name of registered ag	e of Florida. Such change was au pations of, Section 607.0505, Flor pent and title if applicable. (NOTE:	ithorized by the corporation ida Statutes.  Registered Agent signature require	ed when reinstating)  DATE	Ullightent as registe	
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CITY-ST-ZIP 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.

SIGNATURE: