Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90115 019 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H42930**

1. Corporation Name

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Principal Place	of Business	Mailing Address	····			- [EN BIBIT BIBIT B	
1601 AIRPORT		1601 AIRPORT BLVD							
UNIT 1		UNIT 1				DO NOT WIDE	E IN THIS	SDACE	
MELBOURNE FL 32901-379 US		MELBOURNE FL 32901-379 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
us		00				02/14/1985			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		App	plied For
21		26				59-2502180		Not	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	
22	<u> </u>	_ 27				J. OBTHICARD OF CHARLES DOGGE		Fee Re	
City & State		City & State				6. Election Campaign Financing		\$5.00	
23	0-1-1-1		Count	'nı		Trust Fund Contribution		Added to	o rees
Zip	Country	·	30	ı y		This corporation owes the curre Personal Property Tax.	ent year into		□No
24	9. Name and Address of Current	~ 	JO			10. Name and Address of New R	egistered /	/	
		<u> </u>	8	31 N	Name			- ·	
	DBERG, CARL T. M			12 8	Street Addres	ss (P.O. Box Number is Not Accepta	ble)		_
	AIRPORT BLVD UNIT 1 BOURNE FL 32901-4379				<u></u>				
MELI	DOUDINE LE 95801-4919		a	33					
			8	34 (City		FL	85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the abo	ve-n	amed corpor	ration submits this statement for the	purpose of o	changing its	registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m fapilliar with, and accept the obligati	of Florida. Such change was au	inorizea a	y ine	a corporation	is board of directors, i hereby accep	t tile appoin	mnem as reç	gistered
ayon. rai	iti ialninai muii, aitu accept yya obiigaa	ions of Section 607.0303, Fion	ua Statut	es.					
SIGNATURE		lacing "		es.			3/10	199	
SIGNATURE	Signature, typed or printed name of registered agent	t and title it applicable. (NOTE:	Registered Ap	es.	gnature required v			/9 9	RS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	and title in applicable. (NOTE: D DIRECTORS	Registered Ag	gent sig		when reinstating) ADDITIONS/CHANGES TO OFF			RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	t and title it applicable. (NOTE:	Registered Ag 13. 1.1 TITLE	gent sig				D DIRECTO	
SIGNATURE 12. IITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PD SMEDBERG, CARL T. M	and title in applicable. (NOTE: D DIRECTORS	13. 1.1 TITLE	gent sig	gnature required w			D DIRECTO	
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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.

6.4 CITY-ST-ZIP

SIGNATURE: