## 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 # H44829**

CANACS MUST LE

STREET ADDRESS

CITY-ST-ZIP

1. Corporation Name

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Principal Place	ce of Business	Mailing Address			- I CONTROL DE LA CONTROL DE LA CONTROL CONTROL DE LA C	HEN DIEN BIBLI BIBLI	
931 BAREFOO		931 BAREFOOT BLVD.					•
BAREFOOT BA		BAREFOOT BAY FL 32976					
US US				-	DO NOT WRITE IN 1	THIS SPACE	
					3. Date Incorporated or Qualifed		
	•				02/22/1985		1
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number	Ar	oplied For
21		26			<b>59-2498964</b> ·	- No	ot Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	I
22		27			4	Fee Re	equired
City & Sta	ite	City & State			6. Election Campaign Financing	\$5.00	May Be
23	0	28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	•	8. This corporation owes the current year		
24	25	[29]   36	0		Personal Property Tax.	Yes	□No
	9. Name and Address of Current	r Registered Agent	81	Name	10. Name and Address of New Registe	rea Agent	· · · · · · · · · · · · · · · · · · ·
SHI	VELY, WILLIAM J	•	["]	Name			
	NW 11TH PLACE		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	NESVILLE FL 32605		83		tub 2 in the rest of a section of the section of th	ner met te grand beiter hig ficher wolle beitel	Berne erreit 27 34
			65				120 230 24
			84	City	Consultation and State	85 Zip (	Code
44 Puissuois	to the provinces of Sections 607.0500	and CO7/1509   Florida Chabitan	45			FL   G	
office or	registered agent, or both, in the State of	of Florida. Such change was auth	orized by	s-named corpo the corporation	ration submits this statement for the purpos n's board of directors. I hereby accept the a	e of changing its opointment as re	registered   gistered
□ agent. La	am familiar with, and accept the obligati	ions of, Section 607.0505, Florida	a Statutes.			•	· 1
SIGNATURE							
SIGNATORE		and title if annicable (NOTE: Ro					
12.	Signature, typed or printed name of registered agent		gistered Agent		when reinstating) DATE		
	Signature, typed or printed name of registered agent				when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		
12.	Signature, typed or printed name of registered agent OFFICERS ANI	DIRECTORS	gistered Agent		when reinstating) DATE	E AND DIRECTO	PRS IN 12
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14. I hereby certify that the information supplied with this filing does for 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 frue 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 of tudistee 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 anothers, with all other like empowered.

6.4 CITY-ST-ZIP

**FILED** 

Jan 29, 1999 8:00am

**Secretary of State** 

01-29-1999 90007 011 \*\*\*158.75