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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H66229

1. Corporation Name

	Ce of Business	MENT COMPANY Mailing Address			
2023 WEST O	LD HIGHWAY 441	2023 WEST OLD HIGHWA	Y 441		
MT DORA FL 32757 MT DORA FL 32757 US US			DO NOT WRITE IN THIS SPACE		
03		US		3. Date Incorporated or Qualif	
ļ				07/10/1985	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2729044	Not Applicable
Suite, Apt	i. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Sta	tte .	City & State		C Florie Compile Financia	`
23		28		6. Election Campaign Financin Trust Fund Contribution	9 \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the c	
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of Nev	v Registered Agent
PUL	LUM I STEPHEN		81 Name	e	
િં⊹ે 133	O W. CMZENS BLVD	经股份公司	82 Stree	et Address (P.O. Box Number is Not Acce	ptable)
S-70			83	7 5 - 17 5 6 7 5 6 7 5 7 5 7 5 7 5 7 5 7 5 7 5	
LEE	SBURG FL 34748				
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607 1508, Florida Statul	tes, the above-name	d corporation submits this statement for the	ne purpose of changing its registered
office or	registered agent, or both, in the State	e of Florida: Such change was a	authorized by the cor	poration's board of directors. I hereby acc	cept the appointment as registered
🤢 agent. La	am familiar with, and accept the oblig	gations of, Section 607.0505, Flo	orida Statutes.		
SIGNATURE					
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE	: Registered Agent signature	e required when reinstating)	DATE
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE	: Registered Agent signature	e required when reinstalling) ADDITIONS/CHANGES TO C	DATE DEFICERS AND DIRECTORS IN 12
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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 an an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

352-383-6121 Daytime Phone #

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90058 039 ***150.00

CR2E034 (11/98)