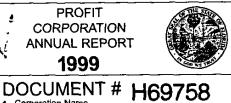
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 01, 1999 8:00 am Secretary of State 04-01-1999 90029 035 ***150.00

PINEWO	od apartments, in	IC.						
Principal Place	e of Business	Mailing Address) 1 1887 611 8118 A(1)8 18111 1888 1 8118 1 1811 81811 1	SIBIL BIBIT BIBIT BI	911 1 1811 (881	
% CHARLES A. TAYLOR 2001 CRICKET LANE 2001 CRICKET LANE VALRICO FL 33594 % CHARLES A. TAYLOR 2001 CRICKET LANE VALRICO FL 33594					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified 08/02/1985			
Dringing Di	lace of Business	2a. Mailing Address			4. FEI Number	Apr	lied For	1
21 FINCIPAL FI	iace of Dusiness	F	26.		59-2580793		Applicable	İ
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A		
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 N	` -	
23		28			Trust Fund Contribution	Added to		1
Zip	Country	Zip	Countr	y	8. This corporation owes the current year In	tangible	_]
24	25	29 30			Personal Property Tax.		<u> </u>	-
	9. Name and Address o	f Current Registered Agent			10. Name and Address of New Registered	Agent		{
TΔVI	OR CHARLES A		81	I Name]
TAYLOR, CHARLES A. 2001 CRICKET LANE			82	Street Addr	ess (P.O. Box Number is Not Acceptable)			}
	RICO FL 33594		83	3				1
.,				<u></u>]
			84	City	FL	85 Zip C	ode	}
office or n	egistered agent, or both, in the m familiar with, and accept the	he State of Flonda. Such change was auth ne obligations of, Section 607.0505, Florida	a Statute:	y the corporations.	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	intment as reg	egistered jistered	
	Signature, typed or printed name of reg			ent signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOI	DC IN 12	13
TITLE	DP OFFIC	CERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	1
NAME (1.2 NAME	Į.			_	
STREET ADDRESS	AND A OPPONENT A SAIT		1	ET ADDRESS				
CITY-ST-ZIP	141 240 24		1.4 CITY-					
TITLE		☐ DELETE	2.1 TITLE			Change	☐ Addition	1
NAME			2.2 NAME		•			
STREET ADDRESS	2.3		2.3 STREE	ET ADDRESS				
_CITY-ST-ZIP			2. 4 CITY-	ST-ZIP				∫ '
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NAME ,			3.2 NAME	· •				}
STREET ADDRESS			3.3 STREE	ET ADDRESS				-
CITY-ST-ZIP		[] pereze	3.4. CITY-			Change	Addition	1
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NAME .			4. 2 NAME	1				1
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP TITLE	 	☐ DELETE	4.4 CITY- 5.1 TITLE			Change	Addition	1
NAME			5.2 NAME	1		_ •	_	
STREET ADDRESS				ET ADDRESS	·			1:
CITY-ST-ZIP			5.4 CITY	ST-ZIP]
TITLE			6.1 TITLE			Change	☐ Addition	1
NAME			6.2 NAME					-
		6.3 STREI	ET ADDRESS				}	
	ENGLEY AND		E 4 CITY	CT 7ID				1

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 change or on an attachment with an address, with all other like empowered.

SIGNATURE:

813 689 8684