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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED

Jan 29, 1999 8:00am

Secretary of State

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Principal Plac	ce of Business	Mailing Address		i indiani dide idra ette fürdi libit fabl didit	ALDIT BEBEL BIBIT BEBLE BIBIT ER BE
103 BAYBRIDG	Œ	PO BOX 1371			
P.O. BOX 1371 GULF BREEZE FL 32562		i i			
GULF BREEZE FL 32561 US			- DO NOT WRITE IN THI	S SPACE	
				3. Date Incorporated or Qualifed	
			·		
2 Drive in al I	Diago of Dunings	20 14-10-11-1		11/08/1985	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2601062	Not Applicable
Suite, Apt	:. #, etc.	Suite, Apt. #, etc.		E Continue of Obstacl Desired	\$8.75 Additional
22	·	27		5. Certificate of Status Desired	. Fee Required
City & Sta	ite .	City & State	·	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		
· ·		_ 		8. This corporation owes the current year Ir	
24	25		30	Personal Property Tax.	Yes □No
<u> </u>	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Registered	d Agent
		•	81 Name		
Chica GHE	EN, JOHN M.	Tue"\2.4	20 00 101		
125 EUFAULA STREET		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
GUL	JF BREEZE FL 32561	•	83	there was appearing the second order to a	STATE OF THE CASE OF STATE OF STATE
			63		
			84 City	** ** ** ** ** ** ** ** ** ** ** ** **	85 Zip Code
و- ادر و دورو به ودر عبد و	**		O-F City	FI	L 63 Zip Code
.11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statute	s, the above-named com	poration submits this statement for the purpose of	of changing its registered
office or	registered agent, or both, in the State	of Florida. Such change was au	thorized by the corporati	poration submits this statement for the purpose o ion's board of directors. I hereby accept the appo	pintment as registered
Mana agent. dia	am familiar with, and accept the obligat	itions of, Section 607,0505. Flor	ida Statutee		
		,	ida Statutes.		
SIGNATURE					
	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating);DATE	_
12.	Signature, typed or printed name of registered agen OFFICERS AN	nt and title if applicable. (NOTE:			_
	Signature, typed or printed name of registered agen OFFICERS AN	nt and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating): , i. ; ; DATE ADDITIONS/CHANGES TO OFFICERS A	_
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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, opon an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Dayling Phone #

R2E034 (11/98)