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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90279 004 ***150.00

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	Francisco constituinte, conscius	and the state of t	**************************************			٠				
Principal Place	e'of Business"	Mailing Addr				A			HANY BARA OYON O	8 11 8 1811 (881
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100 OCEAN TRAILWAY APT 304 APT 304					, ,					
JUPITER FL 33477 JUPITER FL 33477						l	DO NOT WRI	TE IN THIS	SPACE	
U\$	•	US					3. Date Incorporated or Qualifed			ł
			<u>. </u>				10/16/1985 4. FE! Number			olied For
	lace of Business	2a. Mailing A	acress			ļ	**		<u> </u>	Applicable
Suite, Apt.	#. atc	26 Suite, Ap	t # etc -				59-2596750		\$8.75 A	
22 Suite, Apt.	#, etc.	27	t. W, Oto.				Certificate of Status Desired		Fee Rec	
City & State	0	City & St	ate				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added to	
Zip	Country	Zip		Country	•		8. This corporation owes the curr	ent year In	tangible	
24	. 25	29	30				Personal Property Tax.			□No
	9. Name and Address of Current	t Registered Age	ent				10. Name and Address of New I	Registered	Agent	
5.00				81	Name					
BARNES, JAMES H.					Street	Addres	s (P.O. Box Number is Not Accepta	ible)		
100 OCEAN TRAILWAY										
APT. 109 JUPITER FL 33477				83						
JUFI	IER FL 334//			84	City			FL	85 Zip C	ode
		1007.4500.5		1			ting automite this statement for the		e banging its	ragistered
office or o	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	of Florida, Such cl	hange was autho	onzed by	the corpo	oration	's board of directors. I hereby accep	ot the appo	intment as reg	jistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 6	07.0505, Florida	Statutes	•					
SIGNATURE	Signature, typed or printed name of registered agent	t and title if anoticable	(NOTE: Rea	istered Ager	ot signature (required w	vhen reinstating)	DATE		<u> </u>
12,	OFFICERS ANI			13.			ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTO	R\$ IN 12
TITLE	P		DELETE	1.1 TITLE					Сhапде	Addition
NAME	BARNES, JAMES H.			1.2 NAME	ļ					}
STREET ADDRESS	100 OCEAN TRAILWAY			1.3 STREET	ADDRESS					
CITY-ST-ZIP	JUPITER FL			1.4 CITY-S	T-ZIP	İ				
TITLE	ST] DELETE	2.1 TITLE					Change	☐ Addition
NAME	BARNES, SUSAN M.		1	2.2 NAME			•			ļ
STREET ADDRESS	100 OCEAN TRAILWAY			2.3 STREET	ADDRESS					Į
CITY-ST-ZIP	JUPITER FL			2. 4 CITY-S	T-ZIP	<u> </u>			Change	Addition
TITLE		Ĺ	□ DELETE	3.1 TITLE					☐ Change	
NAME	•			3.2 NAME						
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STREET ADDRESS	l			6.3 STREE	T ADDRESS					
	المراجع المراج		1	64 CITY-S	T-ZIP					ł

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 suppliemental 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.

SIGNATURE: