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PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name

DOCUMENT # **H96990**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90269 019 ***150.00

	: YOUNG, P.A.					 				
Principal Place	e of Business	Mailing Address					DIEM FMEEM MEELIN (MEEM)	8801 48 81 8 1811 8	1811 B1811 B181	i Alfais Aifai 1881
984 S FLORIDA	A AVE	984 S FLORIDA AVE								•
ROCKLEDGE FL 32955 ROCKLEDGE FL 32955 US US						DO NOT WRITE IN THIS SPACE				
US		US			-	3. Date incorpo	rated or Qualifed		-	
						01/31/198				
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address			4. FEI Number			Α	pplied For
21		26		_		59-26477	53			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of	Status Desired			Additional
22	·	27				<u> </u>				Required
City & Stat	e	City & State					npaign Financing			May Be I to Fees
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Zìp	25	29	30	uy		Personal Pro		rent year init	Yes	X No
24	9. Name and Address of Curre		1301			10. Name and A		Registered	Agent	1
	a. America and Francisco as April			B1 Na	me			-		
	ING, DAVID T.).	82 St	root Adden	ss (P.O. Box Num	her is Not Accept	able)		
984]'	50 ST	eet Addre	ישט נד.ט. מטג ואטוווו	ner is mot weekl	auto j			
ROC	KLEDGE FL 32955		Ī	B3						•
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-46	to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such change was a ations of, Section 607.0505, Flo	nithorized orida Statut	by the les.	corporation	n's poard or directo	rs. I hereby acce	pt the appoi	ntment as i	registered
	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE ND DIRECTORS	E: Registered A	gent sign	ature required	when reinstating)	CHANGES TO OF		ID DIRECT	ORS IN 12
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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, or on an attachment with an address, with all other like empowered.

SIGNATURE: