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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT #

1. Corporation Name



J24840

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90045 002 ***150.00

J ANU N	A EDMUNUS, INC.							
Principal Place	e of Business	Mailing Address) täättiä orra tion siads tasti asati anti mius	i miëli Bibii Bibii d	11 0 11
7138 DEER PO	INT LANF	7138 DEER POINT LANE			1			
WEST PALM BEACH FL 33411 WEST PALM BEACH FL 3341								
US US						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed	•	ł
						07/21/1986		
Principal Place of Business 2a. Mailing Address					}	4. FEI Number	⊢ ⊢∸	plied For
21 26						<u>59-2697993</u>		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	g a la l			5. Certificate of Status Desired. \$8.75 Additional Fee Required		
City & Stat	le ·	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
23	,	28				Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Count	у	l	8. This corporation owes the current year I		_ \
24	25 29 30		0			Personal Property Tax. Yes No		
	9. Name and Address of Curre	ent Registered Agent			1	Name and Address of New Registere	d Agent	
			8	1 Name	,			
EDMONDS, JOHN A.				2 Street	reet Address (P.O. Box Number is Not Acceptable)			
7138 DEER POINT LANE				_	36t Addiess (F.O. Box Number is Not Acceptable)			
W. PALM BEACH FL 33411				3				
			L	4 000			. 85 Zip (Code
			8] '		F	L	1
agent. I a	registered agent, or both, in the State im familiar with, and accept the oblig	Jalions Of, Section 607.0505, Florid			9,	tion submits this statement for the purpose board of directors. I hereby accept the app	19/99	,
12.	OFFICERS A	ND DIRECTORS	13.		- 	ADDITIONS/CHANGES TO OFFICERS)RS IN 12
TITLE	PD	☐ DELETE	1,1 TITLE		D	1 1. 1.	☐ Change	Addition
NAME	EDMONDS, WM		1.2 NAME		Edn	nonds, Martha		1
STREET ADDRESS	4121 DAKOTA PLACE		1,3 STRE	ET ADDRESS	7138	Deer Point ham		1
CITY-ST-ZIP	W. PALM BEACH FL 14		1.4 CITY	1.4 CITY-ST-ZIP		abor Beach FL.		
TITLE	STD	☐ DELETE	2.1 TITLE				Change	Addition
NAME	EDMONDS, LIBERATTA		2.2 NAM					İ
STREET ADDRESS	101 BOKOTI BI 10E		2.3 STRE	ET ADDRESS	s			
CITY-ST-ZIP	PALM BEACH GARDENS FL	RDENS FL 2.4		-ST-ZIP			·	
TITLE		☐ DELETE	3.1 TITLE		1		Change	Addition
NAME			3.2 NAM	.				
STREET ADDRESS	1		3.3 STRE	ET ADDRESS	s	•		
CITY-ST-ZIP	,		3.4. CITY	-ST-ZIP				
IIITE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAM	E				
STREET ADDRESS			4.3 STRE	ET ADDRESS	s			
CITY-ST-ZIP]		4.4 CITY					
TITLE		☐ DELETE.	5.1 TITLE				☐ Change	☐ Addition
NAME			5.2 NAM	=				
STREET ADDRESS			5.3 STRE	ET ADORESS	3]
CITY-ST-ZIP	[5.4 CITY	ST-ZIP				
TITLE	<u> </u>	☐ DELETE	6.1 TITLE				☐ Change	Addition
NAME	Į		6.2 NAM	Ē				

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 of 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 of an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS