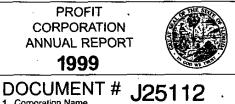
PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

May 04, 1999 8:00 am Secretary of State

05-04-1999 90144 017 ***150.00

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SUITE M PORT CHARLOTTE FL 33949									
PORT CHARLOTTE FL 33952 US					DO NOT WRITE IN THIS SPACE				
				•	3. Date Incorporate	d or Qualited			
		10.00			07/21/1986 4. FEI Number			1 1 4=	plied For
	lace of Business	2a. Mailing Address			1				t Applicable
21 Cuito Ant	#	Suite, Apt. #, etc.			59-2700588			\$8.75 A	
Suite, Apt.	#, etc.	27			5. Certifcate of Stat	us Desired		Fee Re	
City & State	8	City & State			6. Election Campaig	n Financing		\$5.00	May Be
23	_	28			Trust Fund Contr			Added t	
Zip	' Country	Zip	Cou	ntry	8. This corporation	owes the curre	nt year Intar	ngible	
24	25	29	30		Personal Propert	у Тах.		☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Addr	ess of New Ro	egistered A	gent	
				81 Name	•		•		
	DSTEIN, DAVID B			82 Stree	ddress (P.O. Box Number i	s Not Acceptat	ole)		
	PATERA AVE			Oz Greet Addibas (rC. Dox Hamber is Not Note plants)					
PLO	CHARLOTTE FL 33980			83					
	, c			84 City				85 Zip C	Code
	· · · · · · · · · · · · · · · · · · ·						<u>FL</u>	<u></u>	
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statu	ites, the al	bove-name	orporation submits this stat	ement for the p hereby accept	ourpose of C the appoint	hanging its Iment as reg	registered
				i ny the cori					
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Fl	orida Stati	ites.	ation's board or directors. I				
agent. I a								 -	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	É: Registered		uired when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered ages	nt and title if applicable. (NOT	É: Registered	Agent signature			DATE ICERS AND		
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ages OFFICERS AN	nt and title if applicable. (NOT	É: Registered 13.	Agent signature	uired when reinstating)		DATE ICERS AND	DIRECTO	RS 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 comporation 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: