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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # .I50027

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90103 023 ***150.00

1. Corporation	n Name								
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Principal Place	e of Business	Mailing Addr	ess				t 1604114 DIP) Ditti OBSIL ADILA EIRI I	ON DINIE DINIE NINIE NENE	
280 MELODY LANE 280 MELODY LANE									
CASSELBERRY FL 32707 CASSELBERRY FL 32707									
							DO NOT WRITE	IN THIS SPACE	-
							3. Date Incorporated or Qualifed		Ì
							12/31/1986		
2. Principal Pl	lace of Business	2a. Mailing A	Address				4. FEI Number	<u> </u>	opplied For
21		26					59-2752047		lot Applicable
Suite, Apt.	#, etc.	Suite, Ap	t. #, etc.				5. Certificate of Status Desired		Additional ::
22		27							
City & State	e	City & St	ate				6. Election Campaign Financing		May Be I to Fees
23	Country	28 Zio		Counti	nu		Trust Fund Contribution		I ID Fees
Zip	Country 25	Zip	1	30 COUNT	У		This corporation owes the current Personal Property Tax.	year intangible	□No
24	9. Name and Address of Currer	29		30			10. Name and Address of New Reg		
	3. Name and Address of Corre	it itegistered Age	ж.	8	1 Name				
MYZ	EL, WENDELL F.								
	MELODY LANE			8:	2 Street	t Addres	s (P.O. Box Number is Not Acceptable	·)	ĺ
	SELBERRY FL 32707			8	3				
				8-	4 City			FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508. F	Florida Statute	es, the abo	_ive-named	d corpor	ation submits this statement for the pu s board of directors. I hereby accept the		ts registered
office or r	egistered agent, or both, in the State	of Florida, Such c	hange was at			ooration'	s board of directors. I hereby accept the	ne appointment as	registered
agent La	m familiar with and accept the obliga	tions of Section 6	101 190 Was at	uthorized b ida Statute	y the com	,	,,		
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agent. I a	m familiar with, and accept the obligation of signature, typed or printed name of registered age.	ations of, Section 6	i07.0505, Flor	nda Statute	es. 		nhen reinstating)	DATE	
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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 attaction with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP