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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **J75624**

1. Corporation Name

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90117 036 \*\*\*150.00

	TEEL EHECTURS, INC.									
Principal Plac	ce of Business	Mai	iling Address					91811 91811 <b>4</b> 11		(pt) 0101/ 1001
4813 26TH AVE	E,E	4813	26TH AVE.E							
BRADENTON FL 34208 BRADENTON FL 34208							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed	11110 01 7		
							06/02/1987			
2. Principal P	Place of Business	2a.	Mailing Address				4. FEI Number		Apr	plied For
21		26			_		59-2803996		Not	t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	•		dditional
22		27				-	3. Common of States 211.112		Fee Red	
City & Stat	te		City & State	رح جي پ	ی≃		6. Election Campaign Financing		5.00	- 1
23	Country	28	Zip	Cou	ntn.		Trust Fund Commound		Added to	o rees.
Zip	Country 25	29	Zip	30	riu y		<ol> <li>This corporation owes the current yes Personal Property Tax.</li> </ol>	ar intangio 1214		□No
24	9. Name and Address of Curre		ered Agent	30[	1 -		10. Name and Address of New Regist			
	v. Hand and readless of Gain				81	Name				
HOL	.Lifield, Susan				82	Stroot Addr	ess (P.O. Box Number is Not Acceptable)			
	3 26TH AVE. E.				"	Street Addi	ess (F.O. Box Number is Not Acceptable)			
BRA	DENTON FL 34208				83					
					84	City		85	Zip C	code
	•					•	oration submits this statement for the purpo	FL	·	
SIGNATURE		-					•			)
12.	Signature, typed or printed name of registered at OFFICERS A			OTE: Registered	Agent :	signature required	d when reinstating) DA ADDITIONS/CHANGES TO OFFICEI	TE RS AND DI	RECTO	RS IN 12
12. TITLE	Signature, typed or printed name of registered ag					signature required	5 thisti remoternay	RS AND DI	RECTO Change	RS IN 12
<b></b>	Signature, typed or printed name of registered at OFFICERS A		CTORS	13.	TLE.	signature required	5 thisti remoternay	RS AND DI		
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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 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.

6.4 CITY-ST-ZIP

**SIGNATURE:**