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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

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Principal Place	e of Business	Mailing Add	dress				- - - - - - - - - - - - - - - - - - -	9181 912 B B B	BIL MINIE B	IBIL BIBLI IOBI	
C/O JEFFREY W. WARD 2326 EAST 34TH PLACE PANAMA CITY FL 32405 US C/O JEFFREY W. WARD 2326 EAST 34TH PLACE PANAMA CITY FL 32405 US							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
							08/27/1987		г-г.		
2. Principal Pi	lace of Business	2a. Mailing	Address				4. FEI Number			plied For	
21		26					59-2846863			t Applicable	
Suite, Apt.	#, etc.	27	pt. #, etc.	ا يا سوا	• -	- -	5. Certifcate of Status Desired		Fee Re		
City & State	е	City & S	State				6. Election Campaign Financing	1 1		May Be	
23		28					Trust Fund Contribution		Added to	o Fees	
Zip	Country	Zip		Coun	try		8. This corporation owes the curren			ran.	
24	25	29		30			Personal Property Tax.	<u> </u>		□No	
	9. Name and Address of Curr	ent Registered Ag	gent		81 1	Name	10. Name and Address of New Re	gisterea Agen	<u></u>		
WAD	RD, JEFFREY W.]	٠, ا	140116					
	34 PLACE			Ī	82 5	Street Addre	ss (P.O. Box Number is Not Acceptable	e)			
	AMA CITY FL 32405			ļ.	83						
FAIN	AIVIA CITT I E 32403			ľ	63					'	
					84 (City		FL 85	Zip C	ode	
	im tamiliar with, and accept the obli	gations of, Section	607.0505, FIG	inua Statu	103.		n's board of directors. I hereby accept		•	·]	
SIGNATURE	Signature, typed or printed name of registered a OFFICERS /	agent and title if applicable.	(NOTE	Registered A	lgent si	ignature required	when reinstating) ADDITIONS/CHANGES TO OFFI			RS IN 12	
		AND DIRECTORS	(NOTE			ignature required		CERS AND DI	RECTO Change	RS IN 12	
12.	OFFICERS /	AND DIRECTORS		13.	Æ	ignature required		CERS AND DI			
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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:

