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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

 Corporation 	MENT # K36397 AGE RESOURCES, INC.				
Principal Place	of Rusiness	Mailing Address			BIBIT BIBIT BIBIT BIBIT BIBIT 1881
•		9770 OLD BAYMEADOWS RO	240		
9770 OLD BAYMEADOWS ROAD SUITE 127		SUITE 127			
JACKSONVILLE FL 32256		JACKSONVILLE FL 32256		DO NOT WRITE IN THIS	SPACE
				 Date Incorporated or Qualified 10/04/1988 	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2910666	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Clauds Desired	Fee Required
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	
24	25		30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
מווח	DEAL DEMER ! ID		81 Name		
BUDREAU, REMER L., JR.			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
9770 OLD BAYMEADOWS ROAD SUITE 127					<u></u> .
			83		
JACK	(SONVILLE FL 32256		84 City		85 Zip Code
			- "	FL FL	_]
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508. Florida Statutes	s, the above-named cor	poration submits this statement for the purpose of	t changing its registered
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was auf	thorized by the compo rat	than's beside of directors. Thereby account the appo	2 live la
office or re agent. I as SIGNATURE	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was autons of, Section 607.0505 Florid	da Statutes	Vacai Qut	3 15 99
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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 reports 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 true segiver or true 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 anadoment with an address, with all other like empowered.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP