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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90064 011 ***150.00

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K37843

1. Corporation		,					
Principal Plac	ce of Business	Mailing Address			- 1 100/0/11 000 (1141 1000) 1011/ 0/040 1	IED BUBUL BEBUL BUBUL BEBU	s midit graft jobs
18738 BASCO HUDSON FL 3 US	MB LANE	18738 BASCOMB LAN HUDSON FL 34667 US	NE		DO NOT WRITE I	N THIS SPACE	
		•			3. Date Incorporated or Qualifed 10/10/1988		
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number	P	Applied For
21		26			59-2915039		lot Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc	.		5. Certificate of Status Desired	\$8.75	Additional
22		27		·····		Fee F	Required
City & Sta	te	City & State .			6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees
Zip	Country	Zip	Country	y .	8. This corporation owes the current	year Intangible	
24	25	29	30		Personal Property Tax.	☐ Yes	⊠No
	9. Name and Address of Curren				10. Name and Address of New Regi	stered Agent	
to Dist	SCHEL, STEPHAN C.	And Springer	81	Name			
	38 BASCOMB LANE		82	Street Addre	ess (P.O. Box Number is Not Acceptable)	Mark of Mark	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	DSON FL 34667		83	J			
·e 34			84	City		85 Zip	Code
44/20 5 5 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	san (A.)	2 and CO7 1509 Claids C	Statutes the obey			FL 55 2.19	o registered
office or	registered agent, or both, in the State	z and 607, 1508, Florida S of Florida. Such change v	statutes, the abov was authorized by	e-named corpo the corporation	pration submits this statement for the purpors board of directors. I hereby accept the	oose of changing it appointment as r	egistered
₩S agent. I a	am familiar with, and accept the obligat	tions of, Section 607.0505	5, Florida Statute:	S			·
SIGNATURE	Signature, typed or printed name of registered agen	t and title if anniemble	(NOTE: Posistared Age	at cianature required	when reinstating) p. 1, p. 15	DATE	
12.		D DIRECTORS	13.	in signatoro requi co	ADDITIONS/CHANGES TO OFFICE		ORS IN 12
TITLE	D	DELET			50,0010,00	Change	
NAME	REUSCHEL, STEPHEN C.		1.2 NAME		A CALL AND		
STREET ADDRESS	40700 D4000HD L4HE		1.3 STREE	T ADDRESS	•		
CITY-ST-ZIP	HUDSON FL		1.4 CITY-5	ST-ZIP	• •		
TITLE	·	☐ DELET				☐ Change	· Addition
NAME			2.2 NAME		•		Ì
STREET ADDRESS			2.3 STREE	TADDRESS			
CITY-ST-ZIP	1.7712.80		2. 4 CITY-	ST-ZIP			
TITLE STEE	ROUTE REPUBLISHED	☐ DELET	TE 3.1 TITLE			☐ Change	☐ Addition
NAME OF BRIDE			3.2 NAME	'			
STREET ADDRESS	STHE FE GASA		3.3 STREE	TADORESS	想(李)《美女·新梦》(高文美美)	enter entre per de	. * 31. \$20 + 250
CITY-ST-ZIP	Marker St. amers		3.4. CITY-	ST-ZIP	使和"特别"等名品,特别 统治"维"是为《光线》	四次。密度接	描述語
TITLE		☐ DELET	E 4.1 TITLE		\$185\$ (F. 12) (\$10 - 12) (10) \$1865;	Change	Addition
NAME:	8 - 04	to ambient to a	4. 2 NAME				
STREET ADDRESS	667	编版 "任一十二十二"		TADDRESS			
CITY-ST-ZIP		: 0	4.4 CITY-S	T-ZIP	<u> </u>		
TITLE		☐ DELET			o supriso	☐ Change	☐ Addition
NAME			5.2 NAME		grafic think		,]
STREET ADDRESS	9 (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B			TADORESS	5 43 as 4 5		
CITY-ST-ZIP	Fisher's Rich Miles (4) 4 (17 / 4) 2 (4) 4 (7 / 4)		5.4 CITY-S E 6.1 TITLE	ii-ZIP	년 (청년(4) 1) 	D.05	□ A Juliata
TITLE	18738 CASCYCH 1 40 5	☐ DELET	6.2 NAME		•	☐ Change	Addition
NAME ;	MUSCH AL		6.2 NAME				1

I. 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 of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNAL GENERAL OF

CITY_EŚT-ZIP

KENSCHEL Vacs. 11. 9

Daytime Phone #