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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUI	MENT # K44826								
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10,000, 1	1110-					I LARI DERI DAL DAGA GARDA IRAYA KADIR D	181 110 16 11 0 16 110		
}				_					
Principal Plac	e of Business	Mailing Address	•			1 100 (B11) 81) B1811 81-681 (B118 1161-8 8)	tot mellet mente maner	; u : u : u :	.014 01011 1001
% DAVID J. WILEY % DAVID J. WILEY									
720 MAGNOLIA		720 MAGNOLIA AVE				DO NOT WRITE	IN THIS SPAC	£	
NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEAC			32166			3. Date Incorporated or Qualifed	IN THIS SI AG	<u></u> -	
ļ						11/10/1988			
2. Principal P	lace of Business	2a, Mailing Address				4. FEI Number		Apr	plied For
21		26				59-2927948		Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•			5. Certificate of Status Desired	1		dditional
22 City & Stat		27				5. Certificate of Otalias Desired	-' F 	ee Rec	quired
L City & Stat	e	City & State -			~_~ ~.	- 6. Election Campaign Financing			May Be
23		28	Caust	<u> </u>		Trust Fund Contribution		dded to) Fees
Zip	Country	Zip 30	Count	uу		8. This corporation owes the current	year Intangible ☐ Ye		⊠ No
24	9. Name and Address of Curren		<u>'</u>			Personal Property Tax. 10. Name and Address of New Regi			43.10
<u> </u>	3. Name and Address of Carren	registates rigativ	8	31	Name	<u>,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,</u>	<u></u>		
WILEY, DAVID J					 	(D.O. D. Aberra de New Assessable			
720 MAGNOLIA AVE			۱	32	Street Add	ress (P.O. Box Number is Not Acceptable	,		
NEW SMYRNA BEACH FL 32168			8	33					
1			-	34	City		85	Zip C	`ode
			°	*	City		FL °°	2 ip 0	,oge
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	the abo	ove-r	named corp	poration submits this statement for the pur on's board of directors. I hereby accept the	pose of chang	ing its	registered
office of r agent. I a	egistered agent, or both, in the State t im familiar with, and accept the obligat	or Florida, Such change was autr ions of, Section 607.0505, Florid	a Statute	es.	e corporau	on's board of directors, Thereby accept th	e appointment	. as reg	jistered
SIGNATURE									
}	Signature, typed or printed name of registered agen			gent s	ignature require		DATE	FOTO	DC IN 40
12.	OFFICERS AN	D DIRECTORS DELETE	13. 1,1 ππε		$-\tau$	ADDITIONS/CHANGES TO OFFIC		hange	Addition
NAME	DEVER, THOMAS	□ bezz,c	1.2 NAM		ļ				
STREET ADDRESS	765 OLD MISSION RD		1.3 STRE		DORESS				
CITY-ST-ZIP	NEW SMYRNA BCH FL		1.4 CITY-		1				
TITLE	STD DELETE			E	-		CI	nange	Addition
NAME	WILEY, DAVID J		2.2 NAME	E	ļ				
STREET ADDRESS			2.3 STRE	EETA	DDRESS				
CITY-ST-ZIP	NEW SMYRNA BCH FL		Z. 4 CITY	r-\$T•	ZIP				
TITLE	DELETE		3.1 TITLE Di		D	irector-	□ċı	nange	Addition
NAME			3.2 NAME	E		avid I Wiley			••
STREET ADDRESS	•		3.3 STRE	EETA	DORESS 7	20 Magnolia St			
CITY-ST-ZIP			3.4. CITY			zw Smyrna Beach FL 321	68		
TITLE		☐ DELETE	4.1 TITLE			en engrena ceach i e ce.	oo □c⊦	nange	☐ Addition
NAME			4. 2 NAM		[
STREET ADDRESS			4.3 STRE						
CITY-ST-ZIP		☐ DELÉTE	4.4 CITY		ŽIP —			hange	☐ Addition
TITLE		() DETEIL	5.1 TITLE 5.2 NAMI		ļ		£_0	unge	
NAME STREET ADDRESS			5.3 STRE		DDRESS				
}			5.4 CITY		J				
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE					hange	Addition
NAME			6.2 NAME	E	ļ		~	-	_
STREET ADDRESS	}		6.3 STRE	EETA	DDRESS				

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: __

STREET ADDRESS

CITY-ST-ZIP

3/24/59 904 42 88000
Date Daylime Phone #