**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # K77490



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 29, 1999 8:00 am Secretary of State

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								DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed		
								03/27/1989		ł
2 Principal P	lace of Busin		7 2	a. Mailing Address			_	4. FEI Number		Applied For
	Principal Place of Business 2a. Mailing Address 26						65-0109413		Not Applicable	
Suite, Apt.	# etc		- 20	Suite, Apt. #, etc.			_			Additional
22	, 0.0.		27	1				5. Certificate of Status Desired		Required
City & State City & State							- 6. Election Campaign Financing	\$5.0	0 Māy Be	
23								Trust Fund Contribution		d to Fees
Zip		Country		Zip	Cou	ntry		8. This corporation owes the current year	Intangible	
24		25	29		30			Personal Property Tax.	Yes	□No
	9. Name	and Address of Curre	nt Regi	istered Agent			_ <del>_</del>	10. Name and Address of New Register	ed Agent	
1/4 1	ine ioonn	E DENE O				81	Name			į
VANDEVOORDE, RENE G.					82 Street Address (P.O. Box Number is Not Acceptable)					
1327 N CENTRAL AVENUE SEBASTIAN FL 32958										
SEB	MASHAN FL	. 32938				83				
	1					84	City		85 Zi	p Code
11 Purquant	to the provis	sions of Sections 607 05	Ω2 and	607 1508 Florida Stati	ites, the a	bove	-named corr	poration cubmite this statement for the numose	of changing i	its registered
office or r	registered an	ent, or both, in the State ith, and accept the obligation.	a of Hiot	rida. Such change was i	authorized	ı bv i	tne corporati	ion's board of directors. I hereby accept the ap	pointment as	registered
				71, OCCUON OCT. 50000, 1 i	Onou Out	utes.				
SIGNATURE		•								
SIGNATURE	Signature, typed	d or printed name of registered age	ent and titl	e if applicable. (NOT	E: Registered			ed when reinstating) DATE		TODS IN 12
12.	Signature, typeo	or printed name of registered age OFFICERS A	ent and titl	e if applicable. (NOT	E: Registered	Agent		ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	
12.	Signature, types	OFFICERS A	ent and titl	e if applicable. (NOT	E: Registered 13. 1.1 TT	Agent				
12. TITLE NAME	PST GRAY, LI	OFFICERS A	ent and titl	e if applicable. (NOT	E: Registered  13. 1.1 TT 1.2 NA	Agent TLE VME	t signature requin		AND DIRECT	
12.	PST GRAY, LI 9444 US	OFFICERS AI EWIS E. #1	ent and titl	e if applicable. (NOT	E: Registered  13. 1.1 TT 1.2 NA 1.3 ST	Agent TLE AME	t signature requin		AND DIRECT	
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6.4 CITY-ST-ZIP 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 suppliemental 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 changes or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

STREET ADDRESS