PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90212 030 ***150.00

DOCUMENT	# K03503
DOCUMENT	" NYJJUZ

1. Corporation							CONTRACTOR AND THE PROPERTY OF A DOMESTIC AND A STATE	OFFICE REPORT OFFICE OF	1856 8 1811 1884	
Principal Place	e of Business	М	lailing Address							
607 NORTHBRID			O. BOX 161505							
P.O. BOX 16150	26 Prings fl 32714		d, BOX 161505 Tamonte springs fl 327	716-150	6		DO NOT WRITE IN THIS	SPACE		
US	THINGS FL 32114	US			•		3. Date Incorporated or Qualified			
)							06/01/1989			1
2. Principal Pl	lace of Business	2a	, Mailing Address				4. FEI Number		plied For	-
21		26					59-2953974	\$8.75	t Applicable	
Suite, Apt. i	#, etc.	\vdash	Suite, Apt. #, etc.				5. Certificate of Status Desired	Fae Ra		
22 City & State		27	City & State			42.4	-6-Election Campaign Financing	\$5.00	May Be "	
23		28					Trust Fund Contribution	Added 1)
Zip	Country		Zip	Cou	ntry		8. This corporation owes the current year In	tengible	_	ł
24	25	29	30	0			Personal Property Tax.	Yes	□No	-
	9. Name and Address of Curren	nt Regis	stered Agent				10. Name and Address of New Registered	Agent		1
	NOTE OF OCCUPANTS				81 Name	LEI	NSTUB MARSHA]
	nstub, bernard Northbridge dr.				82 Street A		ss (P.O. Box Number is Not Acceptable)			
	MONTE SPRINGS FL 32714				83 / 0'	_	1170 cd 7 Do			1
ALIA	MUNIC SPRINGS PL 327 14				60	7 ^	iorthbrioge Dr			1
İ					84 City	TA	MONT SPRINGS FI	85 35	Code 714	l
11 Pureuant	to the provisions of Sections 607 050	12 and (607.1508. Florida Statutes	, the a	bove-named o		TOTAL DESCRIPTION OF THE PROPERTY OF	d changing its	registered	1
office or re	egistered agent, or both, in the State	of Flori	da. Such change was auth	horized la Stati	i by the corpo utes	ration	ration submits this statement for the purpose of is board of directors. I hereby accept the appoint) Olument as is	ârziei en	
agent. i ai	معتمد المتارك المتارك					11	/ T-1 -1.	100		1
- CANAL THEF	MADEUA KIPINIST	アリス		As.	stip) l		Esselle 316	<u> </u>		Į.
SIGNATURE	MARSHA KLEINST Signature, typed or printed name of registered age	ent and title			Agent signature re	equiped v	When reinstating) DATE	<i>777</i>		8
12.	Signature, typed or printed name of registered age OFFICERS AN	ent and title	ECTORS	13.		Aquired v	lisalle 316	<i>777</i>		11/98)
12. TITLE	Signature, typed or printed name of registered age OFFICERS AN	ent and title		13. 1,1 TI	TLE	Aquired v	When reinstating) DATE	ND DIRECTO	RS IN 12	14 (11/98)
12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN PD KLEINSTUB, MARSHA	ent and title	ECTORS	13. 1,1 TI 12 N	TLE AME	Aquired v	When reinstating) DATE	ND DIRECTO	RS IN 12	E034 (11/98)
12. TITLE NAME STREET ADDRESS	Strature, typed or printed name of registered age OFFICERS AN PD KLEINSTUB, MARSHA 607 NORTHBRIGE DRIVE	ent and title	ECTORS	13. 1.1 TI 12 NI 1.3 ST	TLE AME TREET ADORESS	equatrand v	When reinstating) DATE	ND DIRECTO	RS IN 12	R2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PD KLEINSTUB, MARSHA 607 NORTHBRIGE DRIVE ALTAMONTE SPRINGS FL	ent and title	ECTORS	13. 1.1 TI 12 NI 1.3 ST	TLE AME TREET ADORESS TY-ST-ZIP	equired v	When reinstating) DATE	ND DIRECTO	RS IN 12	CR2E034 (11/98)
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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: _

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DARKET STATE OF THE PARTY OF	A DESCRIPTION OF STREET	CLAND OFFICED OR DIRECTOR