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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90077 031 ***150.00

1. Corporation	MENT # L14926 U TALLAHASSEE, INC.										
Principal Place	e of Business	Mailing Address					D)\$ 881 1611 81911		# # CTT # CBT # B T	B (B (B (B (B (B (B (B (B (B (
1834 HERMITAG		1834 HERMITAGE BLVE) .			1					
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TALLAHASSEE	FL 32308	TALLAHASSEE FL 3230)8			3. Date Incor			IN ITIIS	SFACE_	
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2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Numb				T At	plied For
2. Principal Place of Business		26				59-2258		Not Applicable			
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					_			\$8.75	
22		27			•	5. Certifcate	of Status Des	irea	□		equired
City & State	e	City & State				6. Election C	ampaign Fina	ncing		\$5.00	May Be
23		28				Trust Fund	Contribution			Added	to Fees
Zip	Country	Zip	Col	untry		8. This corpo	ration owes t	ne currer	nt year Inta		
24	25	29	30				roperty Tax.	_		☐ Yes	□No
	9. Name and Address of Curren	nt Registered Agent		100		10. Name an	d Address of	New Re	gistered /	Agent	
MOTTICE, HIGHER J. H. JAY 1834 HERMITAGE BLVD. SUITE 201 TALLAHASSEE FL 32308					Name Street Add	dress (P.O. Box Nu	umber is Not /	occeptab	le)		
IALL	ANASSEE PL 32300		•	84	City				FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida St	atutes, the a	above-r	named corp	poration submits t	nis statement	for the p	urnono of	changing its	registered
11. Pursuant office or reagent. I as	to the provisions of Sections 607.050; egistered agent or both, in the State m familiar with, and accept the inligar	of Tigrida. Such change was the first Section 607 9505, with and title if applicable.	AS authorize Florida Sta	ed by the	те согрогат	red when reinstating)	ctors. I nereo	, accept	urpose of the appoin	99	gistered
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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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP