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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999					
DOCUMENT	#				

Principal Place of Business

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

1. Corporation Name

411 CLAREMORE DR.

LINE DETAILING, INC. HIGH

Mailing Address

3406 BAYRIDGO RD.

May 17, 1999 8:00 am Secretary of State

05-17-1999 90085 010 ***150.00

4// 61	AREMORE DR.	3406 001100				
WEST	PALM BEACH, FL.	LANTANA, F	L. 33464	DO NOT WRITE IN T	HIS SPACE	
	33401	•		3. Date Incorporated or Qualifed		
				OCT. 18, 1989		
2 Principal	Place of Business	2a. Mailing Address		4. FEI Number	Apı	plied For
	CLAREMORE DR.	26 3406 BAY	RIDGE KD.	65-0153/6/	No	t Applicable
Suite, Ant	I #, etc. ST PALM BEACH, F.	26 3406 BAY Suite, Apt. #, etc. Z. LANTANE	A. FL.	5. Certificate of Status Desired	\$8.75 A Fee Re	
City & Sta		City & State		6. Election Campaign Financing	\$5.00	May Be
23 334		28 33462	USA	Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year	r Intangible	
24	25	29	30	Personal Property Tax.	☐ Yes _	£₹No
	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Register	ed Agent	
	. 2 4/		81 Name D	OBERT W. HOY		
Kot	BERT W. HOY	_	82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
مصا	7 3 44 ALACE 15 I	Di	o∠ Street Addr	SAM E		
IAA	UTANA, FL. 3.	3462	83	<u> </u>		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	01/1/					2. 4.
			84 City	Į.	= 	ode
44 5	A to the presidence of Sections 607.0	SEAR and ED7 1509 Florida Statut	es the shove-named corn	poration submits this statement for the numose	e of changing its	registered
l office or	registered agent or both in the Sta	ite of Florida. Such change was al	utnorized by the corporation	on's board of directors. I hereby accept the ap	pointment as req	jistered
agent. I	am familiar with, and accept the obli	idetions of Section 607.0505, Figi	nga Statutes.		_	
SIGNATURE	E Kobert W.	How KOE	BERT W. HO)	d when reinstating) DATE	-97	
	Signature, typed or printed name of registered a	AND DIRECTORS	Registered Agent signature required 13.	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
12.	PRESIDENT	DELETE	1,1 TITLE	ADDITIONS OF INTEREST	Change	Additio
TITLE	ROBERT W. HOY	Detere				tand .
NAME		م .	1.2 NAME			
STREET ADDRES	s 3406 BN/ 1000	21// 2	1.3 STREET ADDRÉSS			
CITY-ST-ZIP	LANTANA, FL. 3.		1.4 CITY-ST-ZIP		☐ Change	☐ Additio
TITLE	SECRETARY	☐ DELETE	2.1 TITLE		☐ Change	Addido
NAME	CHARLA G. HOY		2.2 NAME			
STREET ADDRES		D.	2.3 STREET ADDRESS			
CITY-ST-ZIP	LANTANA, FL.3	3462	2. 4 C/TY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change	☐ Additio
NAME	- 		3.2 NAME			
STREET ADDRES	ss	•	3.3 STREET ADDRESS			
CITY-ST-ZIP	}		3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Additio
NAME			4. 2 NAME			
STREET ADDRES	ss		4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	Additio Additio
NAME			5.2 NAME			
STREET ADDRES	25		5.3 STREET ADDRESS			
	~		5.4 CITY- \$T-ZIP			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		Change	Addition
			6.2 NAME			
NAME STREET ADDRESS			6.3 STREET ADDRESS			
I STREET ADDOCS	201					

6.4 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 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.