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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUI 1. Corporation	MENT # L37642							
F.J.B., IN								
F-J-D-, II	40.					()### ### 800 #### #### #### #	BI BIBIL BIBIL BIBIL BIBIL BI	eil (1911 196)
	,							
Principal Place of Business Mailing Address							DI DIBIL SIBIL BIBIL BIBIL BI	EST BLOCK TOOL
•		387 SE 90TI						
387 SE 90TH ST. 387 SE 90TH ST. OCALA FL 34480 OCALA FL 34480								
US		US				DO NOT WRITE I	N THIS SPACE	
						3. Date Incorporated or Qualifed		
						12/18/1989		
	lace of Business	2a. Mailing	Address			4. FEI Number 59-2989643		Applicable
Suite, Apt.	,	26 Suite A	pt. #, etc.				\$8.75 Ac	
_ 1 ' '	#, etc.	27	р. н, е.с.			5. Certifcate of Status Desired	Fee Red	
22 City & State	е	City & S	State			6. Election Campaign Financing	\$5.00 6	May Be
23	-	28			_	Trust Fund Contribution	Added to	
Zip	Country	Zip		Country		8. This corporation owes the current	year Intangible	
24	25	29	30		_	Personal Property Tax.		□No
•	9. Name and Address of Curren	t Registered Ag	jent			10. Name and Address of New Reg	stered Agent	
PDIC	NEV FRANK I			81	Name			[
BRICKEY, FRANK J.				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
387 SE 90TH ST. OCALA FL 34480				-				
OUALA FL 34400				83				}
	•			84	City		FL 85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab						proportion cultimits this statement for the pur	nose of changing its r	registered
office or r	egistered agent, or both, in the State	of Florida, Such	change was auth	onzea by	tne corpora	ation's board of directors. I hereby accept the	e appointment as reg	istered
agent. I a	m familiar with, and accept the obliga	tions of, Section	607.0505, Florida	a Statutes	•			
SIGNATURE	Signature, typed or printed name of registered age	at and title if applicable.	(NOTE: Re	gistered Agen	it signature regu	uired when reinstating)	DATE	
12.	og. e.e. o			13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12
TITLE	D DELETE 1.		1.1 TITLE			☐ Change	☐ Addition	
NAME	BRICKEY, FRANK J. 121		1.2 NAME	1			ĺ	
STREET ADDRESS	387 SE 90TH ST.			1.3 STREET	ADDRESS			J
CITY-ST-ZIP	OCALA FL			1.4 CITY-S	T-ZIP			
TITLE		☐ DELETE 2.1 T		2.1 TITLE			Change	Addition
NAME	22 M		2.2 NAME					
STREET ADDRESS				2.3 STREET	ADDRESS			ĺ
CITY-ST-ZIP				2. 4 CITY-S	T-ZIP	•		
TITLE			☐ DELETE	3.1 TITLE		-	☐ Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS	•		3.3 STREET					
CITY-ST-ZIP			☐ DELETE	3.4. CITY- S	IT-ZIP		Change	Addition
TITLE			L. DELETE	4.1 TITLE			□ oursing o	
NAME				4. 2 NAME 4.3 STREET	r ADODESS			
STREET ADORESS				4.3 STREE	1		•	
CITY-ST-ZIP TITLE			DELETE	5.1 TITLE	1-41		- Change	☐ Addition
NAME				5.2 NAME			_ ,	
STREET ADDRESS					F ADDRESS			
CITY-ST-ZIP				5.4 CITY-S				
TITLE			☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
41419				62 NAME	- 1			

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS