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

PROFIT ,CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

Principal Place of Business	
P O BOX 7578 SUN CITY FL 33586	

FILED Feb 25, 1999 8:00 am Secretary of State

	1999 DIVISION OF CORPORATIONS						02-25-1999 90037 047 ***150.00					
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Principal Place	e of Business	Mai	ling Address	_		<u></u>			IU IIIKU IUIGU IIIKI UI !		DION OPEN DION I	I STATE OF BUILD FOR STATE
P O BOX 7578			BOX 7578						 		·	
SUN CITY FL 3	3586	SUN	CITY FL 33586						! ; DO NOT WR	ITE IN THIS	SPACE	
								3. Date incorpora	1			
- 8: : 18			Mailing Address					12/20/1989 4. FEI Number	<u> </u>		I An	plied For
2. Principal Pi	lace of Business	2a. 26	Mailing Address					65-016839	4			t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	_				5. Certifcate of S	,	· []	\$8.75	Additional
22		27		· 				5. Certificate of 3	i esireu		Fee Re	
City & State	e	28	City & State				ļ	Election Camp Trust Fund Co	; -		\$5.00 Added t	-
Zip	Country		Zip	Cou	intry	,		8. This corporation		rent year In		
24	25	29		30				Personal Prop			☐Yes	□No
	9. Name and Address of Curre	nt Registe	ered Agent	_	81	Name		10. Name and Ad	dress of New I	Registered	Agent	
CAS	EY, WILLIAM W.							-	<u> </u>			
	LIGHTFOOT ROAD				82	Street A	Address 139 ((P.O. Box Numbe Cockroach	er is Not Accept Bay Road	able)		l
WIM	AUMA FL 33598				83		<u> </u>		<u> </u>			
					84	City			!		85 Zip (Code
					1	Ru	<u>ıskir</u>	n	1	FL	- 335	
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State	of Hionda	. Such change was a	uutnorized	יס נ	the corbo	corpora ration's	tion submits this s board of directors	iatement for the	pt the appo	intment as re	gistered
agent. I ar	m familiar with, and accept the oblig	ations of, S	Section 607.0505, Flo	rida Stati	utes				ļ			ł
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if a	applicable. (NOTE	: Registered	Ager	nt signature re	quired wh	en reinstating)		DATE		
12.	OFFICERS A	ND DIREC		13.		1	_	ADDITIONS/CF	IANGES TO OF	FICERS A	ND DIRECTO	RS IN 12
TITLE	OP		☐ DELETE	1.1 TT		ĺ					M Change	☐ Addition
NAME	CASEY, WILLIAM W. 1611 LIGHTFOOT ROAD			1.2 NA		T ADDRESS	397	39 Cockroa	ch Bay R	oad		
STREET ADDRESS CITY-ST-ZIP	WIMAUMA FL			1.4 Cr				skin, FL 3				Ì
TITLE	D		☐ DELETE	2.1 Ti					!		Change	☐ Addition
NAME	CASEY, LEANN			2.2 N/	ME	1	=0.5	·	i	,		
STREET ADDRESS	1611 LIGHTFOOT ROAD					TADDRESS		39 Cockroa		oaa		
CITY-ST-ZIP	WIMAUMA FL		☐ DELETE	2, 4 C		ST-ZIP	Rus	skin, FL 3	3570	·	☐ Change	Addition
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NAME				5.2 NA	ME				•			•
STREET ADDRESS						TADDRESS						
CITY-ST-ZIP				5.4 CF 6.1 TF		T-ZIP			1		Change	Addition
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NAME STREET ADDRESS						T ADDRESS						1
STREET ADDRESS				6.4 CI	TY-S	T-ZIP			1			

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:

813 645-3068