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PROFIT CORPORATION ANNUAL REPORT 1999

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 09, 1999 8:00am Secretary of State

Secretary of State 02-09-1999 90011 049 ***** 150.00

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L 34223			DO NOT WRITE IN TH	IIS SPACE
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ace of Business	2a. Mailing Address		4. FEI Number	Applied For
	26		31-1293215	Not Applicable
#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	* \$8.75 Additional Fee Required
			6 Floring Compaign Financing	\$5.00 May Be
e	- ·		· · · · · · · · · · · · · · · · · · ·	Added to Fees
Country		Country		Intangible
	29	30	Personal Property Tax.	☐ Yes ☐ No
	ent Registered Agent		10. Name and Address of New Register	ad Agent
	, .	81 Name		
		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
			* * * * * * * * * * * * * * * * * * *	on the contract of the state of
LEWOOD FL 34223		83		
	•	84 City	The second secon	85 Zip Codè
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60 60 607 60	COD COT 4500 Florido Statut		noration submits this statement for the purpose	of changing its registered
		es, the above-named corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered pointment as registered
to the provisions of Sections 607.0 egistered agent, or both, in the Statim familiar with, and accept the obli-		es, the above-named corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered pointment as registered
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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

SIGNATURE

STREET ADDRESS

MAN THE AND TYPE OF PRINTED WANT OF SIGNING OFFICER OF DIRECTO

<u> - 20 - 9 9</u>

941475064/ Daytime Phone # R2F034 (11/98