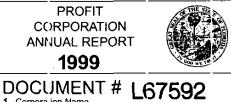
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999

1. Corpora ion Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90006 048 \*\*\*158.75

Principal Place of Business  P.O. BOX 244  BRISTOL FL 32321  Mailing Address P.O. BOX 244  BRISTOL FL 32321							DO NOT WRITE IN THIS SPACE					
							4	orporated or Qualifed				
							04/24/					
2. Principal P	lace of Business		2a. Mailing Address				4. FEI Num					ed For
21			26				59-300	5983		#0.7		pplicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate	e of Status Desired	$\square$	•	⊃ Add Requ	ditional eired
22 City 9 C +4		· · · · · ·	City & State									
City & S ate			H '					Campaign Financing nd Contribution			<b>00</b> Ma ed to F	-
Zip Country		rv	Zip	Col	intry			oration owes the cur	rent vear Ints			003
24	25	• •	29	30	,			Property Tax.	tom your ma	Yes	[]	No
	9. Name and Add	ess of Current		1301	T		. <u></u>	nd Address of New	Registered /	Agent		
<del></del>	J. Maillo 0.12.12.2				81	Name						
TANTON, HAZEL V.						Chun at A	(D.O. B	lumber is Not Accept	abla)			
TANTON CIRCLE					82	Street Ac	Juless (P.O. Box i	iumber is Not Accept	.aule)			
BFIS	STOL FL 32321				83							
					_					Teel -	7- 0	
					84	City			FL	85 2	Zip Coo	ue
SIGNATURE	Signature, typed or printed nar-						u red when reinstating)	IS/CHANGES TO OF	DATE -	D DIREC	CTOF S	5 IN 12
TITLE	DPT	DIFFICENS AND	DELETE	1.1 TI	TLE	1				Char		Addition
NAME	TANTON, HAZEL V	1		1.2 N	AME	1						
STREET ADDRE SS	DO DOV GAATAN					ADDRESS						
CITY-ST-ZIP	DOIOTO: EI				1.4 CITY-ST-ZIP							
TITLE	DS			2.1 TI						Chan	ige	Addition
NAME		CHWENDEMAN, DEBRA		2.2 N	AMÉ							
STREET ADDRE 3S	B O BOY ALITERTON OID BUG			2.3 8	TREE1	ADDRESS						
CITY-ST-ZIP	BRISTOL FL			2.40	UTY-S	T-ZIP						
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NAME STREET ADDRE 3S CITY-ST-ZIP				5.1 TI 5 2 N 5.3 S 5 4 C	ITLE AME TREET	ADDRESS						
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NAME STREET ADDRE 3S CITY-ST-ZIP				5.1 TI 5 2 N 5.3 S 5 4 C 6.1 TI 6 2 N	ITLE AME TREET ITY-S ITLE AME	ADDRESS						

14. Thereby 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 cartify 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 recuired 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. CITY-ST-ZIP

SIGNATURE: Z