## 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

## DOCUMENT # 1. Corporation Name L67606

CUDISTENSONLEI MS ALICTION COMPANY INC

Offinio	NOON LEWIS ACCITOR COM	ii Aivi, iivo.						
Oringinal Dioce	of Pusinose	Mailing Address			`		, 1841 <b>- 118</b> 11 - 1181 - 1181	AN DEBIN NEW
1001 U.S. HIGHWAY ONE 1001 N. US HWY ONE SUITE 710 SUITE 710 JUPITER FL 33477 JUPITER FL 33477						VRITE IN THIS	SPACE	
US					<ol> <li>Date Incorporated or Quality</li> <li>04/20/1990</li> </ol>	led		
Principal Place of Business     2a. Mailing Address					4. FEI Number		App	olied For
21 50 So. U.S. HIGHWAY ONE 26 50 So U.S. HIGH			6#W4	1 ONE	65-0190359			Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.			3		5, Certifcate of Status Desired		. <b>\$8.75</b> A	-
City & State			FL.		Election Campaign Finance     Trust Fund Contribution	ng 🗆	\$5.00 Added to	•
Zip Country Zip Co			Country	i	This corporation owes the Personal Property Tax.	current year Int		□No
24 33		<u> </u>	<u> </u>		10. Name and Address of No	w Registered		
9. Name and Address of Current Registered Agent 81								","
CHRISTENSON, WARNER THOMAS								
1605 U.S. HWY. ONE			82	Street Add	Iress (P.O. Box Number is Not Acc	eptable)		
APT. S-11A			83					
JUPITER FL 33477							85 Zip C	`ada
			84	City		FL	85 Zip C	,0de
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	l Florida. Such change was aut	thorized by	the corporati	poration submits this statement for ion's board of directors. I hereby a	the purpose of ccept the appo	changing its intment as reg	registered gistered
SIGNATURE		APTE S	Sociatored Acc	nt evanatura recuir	ed when reinstating)	DATE		——
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registere  12. OFFICERS AND DIRECTORS 13.				III SAJIIAIDIO I EQUII	ADDITIONS/CHANGES TO		ND DIRECTO	RS IN 12
TITLE			1.1 TITLE				Change	Addition
NAME	CHRISTENSON, WARNER T.	STENSON WARNER T						
STREET ADDRESS	ACCULATION AND AND ADD A 444		13 STREE	T ADDRESS				
CITY-ST-ZIP	HIDITED EL AGATZ		1.4 CITY-5	ST-ZIP				
TITLE			2.1 TITLE				Change	Addition
NAME	. 22		2.2 NAME					
STREET ADDRESS	REET ADDRESS 2.3		2.3 STREE	T ADDRESS				
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP				-
TITLE			3.1 TITLE				☐ Change	☐ Addition
NAME	TW-WILL		3.2 NAME					
STALET ABONESS			3.3 STREE	TADDRESS				
CTTY-ST-ZIP			3.4. CITY	ST-ZIP			Chanca	Addition
TITLE		☐ DELETE	4.1 TITLE	ĺ			☐ Change	☐ Addition

6.4 CITY-ST-ZIP 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 chapter 607, or on an attachment with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

DELETE

☐ Change

☐ Change

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90201 045 \*\*\*158.75

Addition

☐ Addition