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

**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # 1 70700



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Feb 23, 1999 8:00 am Secretary of State 02-23-1999 90018 018 \*\*\*150.00

1. Corporation	OLDING & INVESTMENT, I					
Principal Place	e of Business	Mailing Address		I 10071011 dis capsa (cass secon secon secon secon della		:#:: #:#:: :BE:
877 N. A1A		877 N. A1A				
#204		#204		DO NOT WRITE IN TH	IIC CDACE	
INDIALANTIC FL	L 32903	INDIALANTIC FL 32903 US		3. Date Incorporated or Qualifed	IIS SPACE	
US		08		05/10/1990		ł
3 Dringing Di	Inno of Business	2a. Mailing Address		4. FEI Number	Anr	olied For
<b>—</b>	lace of Business	⊢ ·		65-0199788		Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 A	
22	<i>n</i> , 500	27		5. Certifcate of Status Desired	Fee Red	1
City & State	e	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution	Added to	,
Zip	Country 25	Zip 29 3	Country	This corporation owes the current year     Personal Property Tax.		□No
24	9. Name and Address of Currer		101	10. Name and Address of New Register	ed Agent	
			81 Name			}
	SCH, HEINZ		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	13 S.W79TH ST.	4	- 2 8 7 7	N. A1H # 204		}
AAIM	WFL 33193-2919	,	83			
			04 Cin.	· ,	. 85 Zip C	- ode
ŕ			84 City 7	IDIALANTIC F	L   329	703
11. Pursuant office or re	to the provisions of Sections 607.05( agistered agent, or both, in the State or familiar with and accept the obliga	)2 and 607.1508, Florida Statutes of Florida. Such change was aut	s, the above-named con horized by the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its opening of changing its opening of the contract of the contrac	registered gistered -
agant. i ai	in terminal with anotaccept the congr	riions qi, secilori yar yabos, Florid	aa Statutes.	~ ,	- 4-	
SIGNATURE	Mary f	(Non		AAN.	6.19	79
SIGNATURE	Signature, typed or printed name a registered ege	ant and true if applicable. (NOTE: R	Registered Agent signature requir	red when reinstating) DATE	6.19	99
SIGNATURE	Signature, typed or printed name Tegistered ego OFFICERS AN	(Non		AAN.	6.19	99
12.	Signature, typed or printed name displated age OFFICERS AN	ent arrou 1006 if applicable. (NOTE: R	tegistered Agent signature requirements.  1.1 TITLE	red when reinstating) DATE	AND DIRECTOR	RS IN 12
12. TITLE NAME	Signature, typed or printed name Teglatered age OFFICERS AN PD HIRSCH, HEINZ	ent arrou 1006 if applicable. (NOTE: R	tegistered Agent signature requirements  13.  1.1 TITLE  1.2 NAME	red when reinstating) DATE	AND DIRECTOR	RS IN 12
12. TITLE NAME STREET ADDRESS	Signature, typed or printed narrae Testatore reserved for PD HIRSCH, HEINZ 877 N. A1A #204	ent arrou 1006 if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1 3 STREET ADDRESS	red when reinstating) DATE	AND DIRECTOR	RS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed narge Clegatored age OFFICERS AN PD HIRSCH, HEINZ 877 N. A1A #204 INDIALANTIC FL 32903	ent arrou 1006 if applicable. (NOTE: R	tegistered Agent signature requirements  13.  1.1 TITLE  1.2 NAME	red when reinstating) DATE	AND DIRECTOR	RS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of System of operations of the System of Sy	not and this if applicable. (NOTE R	Registered Agent signature requirements  13. 1.1 TITLE 1.2 NAME 1 3 STREET ADDRESS 1.4 CITY-ST-ZIP	red when reinstating) DATE	AND DIRECTOI	RS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of systemological PD HIRSCH, HEINZ 877 N. A1A #204 INDIALANTIC FL 32903 ST GARCIA, SUSAN M	not and stud if applicable. (NOTE R ND DIRECTOR DELETE	13. 1.1 YITLE 1.2 NAME 1 3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	red when reinstating) DATE	AND DIRECTOI	RS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed narge Perstanders OFFICERS AN PD HIRSCH, HEINZ 877 N. A1A #204 INDIALANTIC FL 32903 ST GARCIA, SUSAN M 901 PONCE DE LEON BLVD.,	not and stud if applicable. (NOTE R ND DIRECTOR DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	red when reinstating) DATE	AND DIRECTOI	RS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of systemological PD HIRSCH, HEINZ 877 N. A1A #204 INDIALANTIC FL 32903 ST GARCIA, SUSAN M	not and stud if applicable. (NOTE R ND DIRECTOR DELETE	13. 1.1 TITLE 1.2 NAME 1 3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	red when reinstating) DATE	AND DIRECTOI	RS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed narge Perstanders OFFICERS AN PD HIRSCH, HEINZ 877 N. A1A #204 INDIALANTIC FL 32903 ST GARCIA, SUSAN M 901 PONCE DE LEON BLVD.,	ND DIRECTOR DELETE  DELETE  SUITE 606	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	red when reinstating) DATE	AND DIRECTO	RS IN 12 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or printed narge Perstanders OFFICERS AN PD HIRSCH, HEINZ 877 N. A1A #204 INDIALANTIC FL 32903 ST GARCIA, SUSAN M 901 PONCE DE LEON BLVD.,	ND DIRECTOR DELETE  DELETE  SUITE 606	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	red when reinstating) DATE	AND DIRECTO	RS IN 12 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed narge Perstanders OFFICERS AN PD HIRSCH, HEINZ 877 N. A1A #204 INDIALANTIC FL 32903 ST GARCIA, SUSAN M 901 PONCE DE LEON BLVD.,	ND DIRECTOR DELETE  DELETE  SUITE 606	Registered Agent signature required 13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	red when reinstating) DATE	AND DIRECTO	RS IN 12 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or printed narge Perstanders OFFICERS AN PD HIRSCH, HEINZ 877 N. A1A #204 INDIALANTIC FL 32903 ST GARCIA, SUSAN M 901 PONCE DE LEON BLVD.,	ND DIRECTOR DELETE  DELETE  SUITE 606	Registered Agent signature required 13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	red when reinstating) DATE	AND DIRECTO	RS IN 12 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed narge Perstanders OFFICERS AN PD HIRSCH, HEINZ 877 N. A1A #204 INDIALANTIC FL 32903 ST GARCIA, SUSAN M 901 PONCE DE LEON BLVD.,	AND DIRECTOR DELETE  DELETE  SUITE 606	Registered Agent signature required 13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	red when reinstating) DATE	AND DIRECTOI Change Change	RS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed narge Perstanders OFFICERS AN PD HIRSCH, HEINZ 877 N. A1A #204 INDIALANTIC FL 32903 ST GARCIA, SUSAN M 901 PONCE DE LEON BLVD.,	AND DIRECTOR DELETE  DELETE  SUITE 606	Registered Agent signature required 13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	red when reinstating) DATE	AND DIRECTOI Change Change	RS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or printed narge Perstanders OFFICERS AN PD HIRSCH, HEINZ 877 N. A1A #204 INDIALANTIC FL 32903 ST GARCIA, SUSAN M 901 PONCE DE LEON BLVD.,	AND DIRECTOR DELETE  DELETE  SUITE 606	Registered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2. 4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE  4.2 NAME	red when reinstating) DATE	AND DIRECTOI Change Change	RS IN 12 Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed narge Perstanders OFFICERS AN PD HIRSCH, HEINZ 877 N. A1A #204 INDIALANTIC FL 32903 ST GARCIA, SUSAN M 901 PONCE DE LEON BLVD.,	AND DIRECTOR DELETE  DELETE  SUITE 606	Registered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	red when reinstating) DATE	AND DIRECTOI Change Change	RS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed narge Perstanders OFFICERS AN PD HIRSCH, HEINZ 877 N. A1A #204 INDIALANTIC FL 32903 ST GARCIA, SUSAN M 901 PONCE DE LEON BLVD.,	DELETE  DELETE  DELETE	Registered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2. 4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  4.1 STREET ADDRESS  4.4 CITY-ST-ZIP	red when reinstating) DATE	AND DIRECTOI Change Change	RS IN 12 Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed narge Perstanders OFFICERS AN PD HIRSCH, HEINZ 877 N. A1A #204 INDIALANTIC FL 32903 ST GARCIA, SUSAN M 901 PONCE DE LEON BLVD.,	DELETE  DELETE  DELETE	Registered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2. 4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE	red when reinstating) DATE	AND DIRECTOI Change Change	RS IN 12 Addition Addition Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed narge Perstanders OFFICERS AN PD HIRSCH, HEINZ 877 N. A1A #204 INDIALANTIC FL 32903 ST GARCIA, SUSAN M 901 PONCE DE LEON BLVD.,	DELETE  DELETE  DELETE	Registered Agent signature require 13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	red when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOI Change Change	RS IN 12 Addition Addition Addition Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed narge Perstanders OFFICERS AN PD HIRSCH, HEINZ 877 N. A1A #204 INDIALANTIC FL 32903 ST GARCIA, SUSAN M 901 PONCE DE LEON BLVD.,	DELETE  DELETE  DELETE	Registered Agent signature require 13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	red when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOI Change Change	RS IN 12 Addition Addition Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed narge Perstanders OFFICERS AN PD HIRSCH, HEINZ 877 N. A1A #204 INDIALANTIC FL 32903 ST GARCIA, SUSAN M 901 PONCE DE LEON BLVD.,	DELETE  DELETE  DELETE  DELETE  DELETE	Registered Agent signature require 13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	red when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOI Change Change Change	RS IN 12 Addition Addition Addition Addition

6.4 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 effectment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR