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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # LO1208

FILED Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90042 007 ***150.00

 Corporation 	rivame ',				
	ACE DOCCESSORS INC		•	•	
WUHIGH	AGE PROCESSORS, INC.		•		
Principal Place	e of Business	Mailing Address			T THE HOLL BLE TRIED LINES ONLY OR THE TREE TO SELECT THE PROOF BLOCK BLOCK BLOCK OVER 1981 1981
P O BOX 1646		P O BOX 1646			9
LUTZ FL 33548	• .	LUTZ, FL 33548			DO NOT WRITE IN THIS SPACE.
JS		US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
	•				07/25/1990
9 Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
Z, Timopari	add of Dadingoo	26			59-3021947 V Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•	58.75 Additional
2		27			I i eg redonev
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Be
3		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible
4	25	29	30	<u></u>	Personal Property Tax. Yes . No 10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent	81 N	ame	10, manife diffe reactions of the confidence of
KAR	PAY, BARBARA A				(D.O. D. Alvada - Not Accordable)
)4 TIMBERLAN DR		82 S	treet Addre	ss (P.O. Box Number is Not Acceptable)
LUT	Z FL 33549		. 83		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
		• ,	04 0	16.	ー T 85 Zip Code
	, ,			ity	FL 1
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the above-na	med corpo	ration submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State of im familiar with, and accept the obligati	of Florida. Such change was a ions of, Section 607.0505, Flo	authorized by the orida Statutes.	corporation	ration submits this statement for the purpose of changing in registered his board of directors. I hereby accept the appointment as registered
SIGNATURE	By chave & layer	BARBARA A.	KARPAY	PRES	SIDENT // J/ / *
	Signature, typed or printed name of registered agent			nature required	when reinstating) DATE
12. ′	OFFICERS AND	DIRECTORS	13.		
TITLE	D	☐ DELETE		1 .	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME ·.	MADDAY DADDADA	☐ DELETE	1.1 TITLE		
	KARPAY, BARBARA	☐ DELETE	1.1 TITLE 1.2 NAME	DECC	
STREET ADDRESS	18404 TIMBERLAN DR	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADD		
CITY-ST-ZIP	18404 TIMBERLAN DR LUTZ FL	☐ DELETE	1.1 TITLE 1.2 NAME		
CITY-ST-ZIP TITLE	18404 TIMBERLAN DR LUTZ FL D		1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-SY-ZIP		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME	18404 TIMBERLAN DR LUTZ FL D KARPAY, IRWIN J		1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIP 2.1 TITLE	,	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	18404 TIMBERLAN DR LUTZ FL D KARPAY, IRWIN J 18404 TIMBERLAN DR		1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY - SY - ZIP 2.1 TITLE 2.2 NAME	DRESS	Change Addition
CITY-ST-ZIP TITLE NAME	18404 TIMBERLAN DR LUTZ FL D KARPAY, IRWIN J		1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-SY-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADD	DRESS	☐ Change ☐ Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	18404 TIMBERLAN DR LUTZ FL D KARPAY, IRWIN J 18404 TIMBERLAN DR LUTZ FL	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY- ST-ZIF 2.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY- ST-ZIF 3.1 TITLE 3.2 NAME 3.3 STREET ADD 3.4 CITY- ST-ZIF 4.1 TITLE 4.2 NAME 4.3 STREET ADD 4.4 CITY- ST-ZIF 5.1 TITLE 5.2 NAME 5.3 STREET ADD 5.4 CITY- ST-ZIF 6.1 TITLE 6.1 TITLE	DRESS P DRESS P	Change Addition Change Addition Change Addition Change Addition Change Addition
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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 appelment with an address, with all other like empowered.