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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| DOCUI 1. Corporation | MENT # M5535 | 7 | | | |
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| i. Corporation | ERIORS, INC. | | | | |
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| | | | | | |
| Principal Place | of Business | Mailing Address | | 1 18518844 (81 81(81 81)83 81(4) (84) 444 | |
| 835 HIBICUS LA | | 835 HIBISCUS LANE | | | |
| VERO BEACH F US | ·L 32963 | VERO BEACH FL 32963 US | | DO NOT WRITE IN TH | IS SPACE |
| 03 | | 00 | | 3. Date Incorporated or Qualifed | |
| ĺ | | | | 07/10/1987 | • |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 59-2823804 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired | \$8.75 Additional |
| 22 | | 27 | | | Fee Required |
| City & State | e * | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | 0 | 28 Zip | Country | Trust Fund Contribution | Added to Fees |
| Zip | Country | | 30 | This corporation owes the current year Personal Property Tax. | Intangible ☐ Yes ☐ No |
| 24 | 9. Name and Address of Curre | | <u> </u> | 10. Name and Address of New Registere | |
| | J. Hame and Addiese of Care | Treation of the second | 81 Name | | |
| OSB | orne, madelaine bert | | 82 Street Add | ress (P.O. Box Number is Not Acceptable) | |
| | HIBISCUS LANE | | 62 Street Add | ress (P.O. Box Number is Not Acceptable) | |
| VER | O BEACH FL 32963 | | 83 | <u> </u> | 17. 1 |
| | | | 84 City | | 85 Zip Code |
| | * | , | | <u></u> | L ` |
| 11 Dumuent | to the provisions of Sections 607.05 | i02 and 607.1508. Florida Statutes | s, the above-named corr | poration submits this statement for the purpose | of changing its registered |
| FI. Puisuain | Chate and a second are break in the Chate | s of Florida, Such abondo was out | horized by the corporati | ion's board of directors. I berefy accent the app | ointment as registered |
| office or re agent. I a | egistered agent, or both, in the State m familiar with, and accept the oblig | e of Florida. Such change was aut ations of, Section 607.0505, Florid | horized by the corporati da Statutes. | on's board of directors. I hereby accept the app | pointment as registered |
| office or re agent. I as | egistered agent, or both, in the State m familiar with, and accept the oblig. | e of Florida. Such change was autigations of, Section 607.0505, Florid | thorized by the corporation of t | ion's board of directors. I nereby accept the app | oointment as registered |
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| office or nagent. I all SIGNATURE | egistered agent, or both, in the State m familiar with, and accept the oblig. Signature, typed or printed name of registered ag | e of Florida. Such change was autigations of, Section 607.0505, Florid pent and title if applicable. (NOTE: R | thorized by the corporation of t | ion's board of directors. I nereby accept the app | / 1997 |
| office or magent. I all SIGNATURE 12. | egistered agent, or both, in the State m familiar with, and accept the oblig. Signature, typed or printed name of registered ag OFFICERS A DTS | e of Florida. Such change was autigations of, Section 607.0505, Florid gent and title if applicable. (NOTE: R | Additional to the corporation of | on's board of directors. I hereby accept the application of the property of th | AND DIRECTORS IN 12 |
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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

CITY-ST-ZIP