PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M79864 1. Corporation Name

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						09/1988				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEII				+ <u>-</u>	ied For
21		26			59-7	2886976				Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•	5 Certi	fcate of Status De	sired 🖸			ditional
22		27	<u>.</u>						e Requ	——
City & State	0	City & State			6. Elect	tion Campaign Fin	ancing		.00 м	.,
23		28			Trust	t Fund Contributio	<u> </u>	Ad	ded to	Fees
Zip	Country	Zip	Country		8. This	corporation owes	the current ye		_	_
24	25	29 3	30			onal Property Tax		☐ Yes	i L	□No
	9. Name and Address of Curren	t Registered Agent			10. Nam	e and Address o	f New Regist	tered Agent		
0.15	***** : CP ******	•	81 N	lame						ĺ
	MAN, LEE MARIE		82 S	treet Addre	ss (P.O. B	ox Number is Not	Acceptable)			
	RIALTO PLACE		1-7				,			
	E 700		83			<u> </u>	<u></u>			
MELE	BOURNE FL 32901		-	···		.		951	Zip Co	
			84 C	City				FL 85	Zip CC)Ge
11. Pursuant i	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above-na	amed corpo	ration subr	mits this statemen	for the purpo	se of changir	ng its re	egistered
office or re	egistered agent, or both, in the State manification miliar with, and accept the obligation	of Florida. Such change was aut	thorized by the	corporation	n's board o	f directors. I herel	y accept the	appointment	as regi	stered
	in lanınıar wilii, and accept the conga	110115 01, 36011011 001.0303, 1 10110	da Olaldica.							
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SIGNATURE	Signature, typed or printed name of registered agen		Registered Agent sign	nature required v		ng) FIONS/CHANGES			CTOR	S IN 12
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: R		nature required v						S IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN V GARMAN, CLAIR M. 100 RIALTO PLACE SUITE 700	nt and title if applicable. (NOTE: R ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD	DRESS				RS AND DIRE		
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN V GARMAN, CLAIR M. 100 RIALTO PLACE SUITE 700 MELBOURNE FL	nt and title if applicable. (NOTE: R ID DIRECTORS	13. 1.1 TITLE 1.2 NAME	DRESS				RS AND DIRE	ange	
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CITY-ST-ZIP .2 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.

SIGNATURE:

Mach 5, 1999

(407) 984-9673

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 5, 1999

FILED

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90039 011 ***150.00