PROFIT CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # M95814

CAC OF WESLEY CHAPEL INC.

FILED
May 06, 1999 8:00 am
Secretary of State
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3							Miles and	ունե
Principal Place	e of Business	Mailing Address	•					
8002 QUAIL HO		P.O. BOX 7092 WESLEY CHAPEL FL 335	<b>4</b> 3					
_ ZEPHINALES F	L 33044	MESTEL CHARGE LE SON	~			DO NOT WRITE IN TH	IIS SPACE	
,						3. Date Incorporated or Qualifed		
İ						08/01/1988		
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	A	plied For
21		26				59-2907311	No	t Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				1	\$8.75	Additional
22		27				5. Certificate of Status Desired	Fee Re	equired
City & State		- City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cou	untry		8. This corporation owes the current year	Intangibje	
24	25	29	30			Personal Property Tax.	<b>D</b> ies	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registers	ed Agent	
				81	Name			
	(I ENTERPRISES, INC.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	CARNWALL CT			""	Japot Mudic	to the contraction is the mospitalis)		_
Bran	NDON FL 33511	•		83				
							100 710	304-
				84	City	F	85 Zip (	Code
11 Pursuant t	to the gravisions of Sections 607.0502	and 607,1508, Florida Statu	tes, the a		named corpo	ration submits this statement for the purpose	of changing its	registered
office or re	egistered agent, or both, in the State of	f Florida, Such change was	authorizad	d by the	e corporation	n's board of directors. I hereby accept the app	pointment as re	gistered
agent, i an	n tamiliar with, and accept the obligati	ons (1, Section 607.0505, Fi	DIES BINIC	inina.				
SIGNATURE	Stones we typed or provided name of recustered specific	and this if anolicable. (NOT	E: Registeres		ionabire required		·	
	Signature, typed or printed name of registered agent OFFICERS AND			d Agent A	ignature required	when revisitions) DATE	AND DIRECTO	RS IN 12
12.	OFFICERS AND		E: Registered 13.	d Agent A	Ignature required		AND DIRECTO	RS IN 12
12.	OFFICERS AND	DIRECTORS	13.	d Agent si	Ignature required	when revisitions) DATE		
12. TITLE NAME	PD VANCE, CALVIN	DIRECTORS	13. 1.1 TI 12 N	d Agent si		when revisitions) DATE		
12. IIILE NAME STREET ADDRESS	PD VANCE, CALVIN 8002 QUAIL HALLOW BLVD.	DIRECTORS	13. 1.1 TI 12 W	d Agent si ITLE IAME TREET AL	DORESS	when revisitions) DATE		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VANCE, CALVIN 8002 QUAIL HALLOW BLVD. ZEPHERHILLS FL	DIRECTORS DELETE	13. 1.1 TI 12 W 13 SI 1.4 CI	d Agent st TILE MAKE TIREET AL	DORESS	when revisitions) DATE		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD VANCE, CALVIN 8002 QUAIL HALLOW BLVD. ZEPHERHILLS FL VD	DIRECTORS	13. 1.1 TI 12 N 13 SI 1.4 CI 2.1 TI	TILE TREET ALT TITLE TREET ALT TITLE TITLE	DORESS	when revisitions) DATE	☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD VANCE, CALVIN 8002 QUAIL HALLOW BLVD. ZEPHERHILLS FL VD VANCE, CATHY	DIRECTORS DELETE	13. 1.1 TI 12 N 13 SI 1.4 CI 2.1 TI 22 N	ITLE HAME TREET AL TTY-ST-2 TILE	DORESS 11P	when revisitions) DATE	☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD VANCE, CALVIN 8002 QUAIL HALLOW BLVD. ZEPHERHILLS FL VD VANCE, CATHY 8002 QUAIL HOLLOW BLVD.	DIRECTORS DELETE	13. 1.1 TI 12 N 13 SI 1.4 CI 2.1 TI 2.2 N 2.3 SI	ITLE ITLE ITREET AL ITLE ITLE ITLE ITLE ITLE ITLE ITREET AL	DORESS DORESS	when revisitions) DATE	☐ Change	☐ Addition
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officer or director of the copporation 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, Withall other like empowered.

SIGNATURE: