NC COR ANNU	DNPROFIT RPORATION JAL REPORT 1999 DIVISION OF CORPORATIONS					FILED 99 SEP 28 PM 2: 10 SECRETARY OF STATE TALLAR SEE, FLORIDA			
1. Corporation		70000 TH FLORIDA,				TALLAMASSEE.	PLEREDA		
Principal Place RT + BOX 76 MICANOPY FO	152711	1 Hay A	ailing Address IT + 50X 76 MCANOPY FL 33667	O.B.	6×76 1114 F 3268				
2. Principal Pl	lace of Business	44/ 26	Mailing Address	UV.	762	3. Date incorporated or Qualifed 03/31/1997	j		
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.		<u>· · · · · · · · · · · · · · · · · · · </u>	4. FEI Number 59-3429660			lled For Applicable
City & State 23 City & State 28 City & City & State 28 City & Cit				P	1-	5. Certificate of Status Desired		\$8.75 A	
Zip () (Country 25 /21 44	Rich 29	37686	Coul	ARICA	6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
	9. Name and Address	of Current Regis	tered Agent			10. Name and Address of New	Registered A	gent	
					81 Name				İ
				L					
BONNET	te, sharon			ŀ	82 Street Ad	ddress (P.O. Box Number is Not Accep	table)		
RT 1 BO	X 76			ļ		ddress (P.O. Box Number is Not Accep	table)		
RT 1 BO				 	82 Street Ac	ddress (P.O. Box Number & Not Accep	table)		
RT 1 BOX MICANOI	X 76 Py Fl. 32 6 67				83 City		FL	85 Zip C	- 1
MICANOI 11. Pursuant office or reagent. I a	X 76 Py Fl. 32 6 67	ns 617.0502 and 6 1 the State of Florid t the obligations of,			84 City ove-named coby the corporates.	orporation submits this statement for the ation's board of directors. I hereby acce	FL e purpose of c opt the appoin	1 1	- 1
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14. Thereby certify that the information supplied with this filing does not qualify for 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 617. 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:

ACCIONATION PROPERTY AND TYPED OR PRINTED RAISE OF SHOWN OFFICER OR ORIECTOR

Dayline Phone 8

Dayline Phone 8

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

4.1 TITLE

5.1 TITLE 5.2 NAME 6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

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NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

Change

Change

☐ Addition

Addition

CR2E037 (5/99)