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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90071 026 ***150.00

DOCUMENT # P02579

1. Corporation Name

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Principal Place	e of Business	Ма	ailing Address					2 die 2 de	1211 2/211	#. #. #. #. #.	
1309 BRIARVILLE ROAD 1309 BRIARVILLE ROAD											
P.O. BOX 1537 P.O. BOX 1537 MADISON TN 37116-8537 MADISON TN 37116-8537							DO NOT WR	ITE IN THI	S SPACE		
MADISON IN 3	3/116-653/	MA	DISON IN STITE-6331				3.	Date Incorporated or Qualifed			
							1	07/02/1984			
2. Principal P	Place of Business	2a.	Mailing Address					FEI Number			Applied For
21		26						<u>62-1194146</u> _			Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5.	Certifcate of Status Desired			5 Additional
22		27					ļ.,				Required
City & Stat	te		City & State			,	- 1	Election Campaign Financing			00 May Be
23		28	7:u	Cou			→—	Trust Fund Contribution			ed to Fees
Zîp	Country		Zip	30	iiu y			This corporation owes the cur Personal Property Tax.	rent year ir	tangible ☐ Yes	□No
24	9. Name and Address of Curr	29 rent Regist	tered Agent	[30]				Name and Address of New	Registered		
	0. 1301110 E110 1 1001000 01 00111				81	Name		-			
	IDY, MICHAEL W.				82	Ctroot Addre	(D	O. Box Number is Not Accept	able)		
	4 N. ROOSEVELT BLVD.				02	Street Addre	ess (r.		abie;		
KEY	WEST FL 33040				83						
					84	City				85 2	Zip Code
1						•			FI	<u> </u>	<u> </u>
11. Pursuant	to the provisions of Sections 607.0 registered agent, or both, in the State	0502 and 60	07.1508, Florida Statu la Such change was	ites, the al	bove	-named corpo	oration on's boa	submits this statement for the ard of directors. I hereby acce	purpose of the property of the	it changing pintment as	j its registered s registered
agent. I a	nm familiar with, and accept the obliq	igations of,	Section 607.0505, Fl	orida Statu	utes.	ne corporado					
agent. I a	m familiar with, and accept the oblig	igations of,	Section 607.0505, FI	onda Stati	utes.	signature required	d when re	ninstating)	DATE		
agent. I a	om familiar with, and accept the obligation of registered a OFFICERS A	igations of,	Section 607.0505, Fif f applicable. (NOT CTORS	onda Stati	utes.		d when re		DATE	ND DIREC	CTORS 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:

CITY-ST-ZIP

CR2E034 (11/98)