SECOND NOTICE: CORPORATION. WILL 15 DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE, 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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## FILED Jun 02, 2000 8:00 am Secretary of State

06-02-2000 90009 022 \*\*\*150.00



Pinning Place of Business   Making Address   P P 0 60X 2088   CHARLOTTE NC 2822   US   DO NOT WRITE IN THIS SPACE											
CHARLOTTE NC 28222-2409  2. Principal Pface of Business* 2. A Mailing Address S 2. State, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. Description of Status Desired Sequence of Face Regulated Fee Regulated Fee Regulated 3. Regulated Sequence of Regulated Agent Canada Sequence of Se	Principal Place of Business Mailing Address			/	•			AND IL SIEST EVELT ES	ELT MYBET BLEIT 1881		
US    Comparison	315 E. 5TH ST	т.		P O BOX 32668	,						
2. Principal Place of Business   2a. Mailing Address   3. Date Incorporated or Qualified   12/29/1986   3. Date Incorporated or Qualified   12/29/1986   3. Date Incorporated or Qualified   32/29/1986   3. Date Incorporated   36/27/29/29/29/29/29/29/29/29/29/29/29/29/29/	CHARLOTTE N	IC 28202-2409									
2. Principal Place of Business   2a. Maxing Address   3c. Fill Number   3c. Maxing Address   5c. Maxing Address   5c. Maxing Apt. 4, etc.   5c. Maxing Address   5c. Maxing Apt. 4, etc.   5c. Maxing Ap				US					THIS SPACE		
2. Principal Place of Business   2a. Mailing Address   5c. Gender   Applied For   Applied For   Suite, Apt. #, etc.   25			1					, ·			
Sulfo, Apt. 8, etc.  Sulfo, Ap	2 Principal P	lace of Rusines	e <sub>1</sub>	2a Mailing Address						Applied For	
Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   S. Certificate of Status Desired   S8.75 Actitional   S8.75		lace of Eddines	]	— ·					- <del>  -  </del> -		
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City & State    City & State   City & City			1	——————————————————————————————————————					, , , , , ,		
Zip   Country   Zip	<del></del>	te	İ	City & State					\$5.0	0 May Be	
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provision of sections 807.0502 and 807.1508. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, I am familiar with, and accept the obligations of, section 807.0505. Fiorida Statutes  12. Street Address (P.O. Box Number is Not Acceptable)  13. Address (P.O. Box Number is Not Acceptable)  14. City FL Street Address (P.O. Box Number is Not Acceptable)  15. Street Address (P.O. Box Number is Not Acceptable)  16. Street Address (P.O. Box Number is Not Acceptable)  17. Pursuant to the provision of sections 807.0502 and 807.0505. Fiorida Statutes  18. City FL Street Address (P.O. Box Number is Not Acceptable)  18. City FL Street Address (P.O. Box Number is Not Acceptable)  18. City FL Street Address (P.O. Box Number is Not Acceptable)  18. City FL Street Address (P.O. Box Number is Not Acceptable)  19. Street Address (P.O. Box Number is Not Acceptable)  19. Street Address (P.O. Box Number is Not Acceptable)  10. Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provision of sections 807.0502 and 807.0505. Fiorida Statutes  12. Street Address (P.O. Box Number is Not Acceptable)  12. Street Address (P.O. Box Number is Not Acceptable)  13. ADDITIONS/GHANGES TO OFFICERS AND DIRECTORS IN 12  12. Name  12. Street Address (P.O. Box Number is Not Acceptable)  13. ADDITIONS/GHANGES TO OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/GHANGES TO OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/GHANGES TO OFFICERS AND DIRECTORS IN 12  14. STREET ADDRESS  15. Street Address (P.O. Box Number is Not Accept the Regis	23		}	28				Trust Fund Contribution			
9. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  84 City FL 85 Zip Code  11. Pursuant to the provisional of sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I are familiar with, and accept the obligations of, section 607 0505. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I are familiar with, and accept the obligations of, section 607 0505. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I are familiar with, and accept the obligations of, section 607 0505. Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIE  14. ITIE  15. ITI	Zip		Country	Zip	Cou	ntry		8. This corporation owes the current year	ar		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  82	24		l'	11	30			·		No	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  11. Pursuant to the provisions of sections 607.0502 and 607.1508. Ficrida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  ORICK, F.W., JR.  13. STREET ADDRESS  OTHORIZED  CHARLOTTE NC  13. STREET ADDRESS  OTHORIZED  CHARLOTTE NC  13. STREET ADDRESS  OTHORIZED  CHARLOTTE NC  14. STREET ADDRESS  OTHORIZED  CHARLOTTE NC  DELETE  13. TITLE  OFFICERS AND DIRECTORS IN 12  23. NAME  14. STREET ADDRESS  OTHORIZED  CHARLOTTE NC  DELETE  13. TITLE  OCHARLOTTE NC  CHARLOTTE NC  DELETE  13. TITLE  OCHARLOTTE NC  CHARLOTTE NC  OCHARLOTTE NC  OCH		9. Name an	d Address of Curren	t Registered Agent		64	N	10. Name and Address of New Registe	ered Agent		
1200 S. PINE ISLÁND ROAD PLANTATION FL 33324  131  14	CT	CORPORATIO	N SYSTEM			87	Name	:			
PLANTATION FL 33324  83  84 City  FL 85 Zip Code  11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE  Signature, speed or provided series of implement agent and this 4 spensaria.  (POTE Registered Agent agent agent and applications)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITILE  PD						82	Street Addres	ss (P.O. Box Number is Not Acceptable)			
11. Pursuant to the provisions of sections 607 0502 and 607 0503. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and screen the obligations of, section 607 0503. Florida Statutes.  SIGNATURE  Signature, speed or protect name of registered agent and the 4 appointment of agencians. (PIOTE. Registered Agent signature, sequence of the appointment as registered agent and the 4 appointment of agencians. (PIOTE. Registered Agent signature, sequence of the appointment as registered agent, and accept the colligations of, section 607 0503. Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. INTE.  12. OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. INTE.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITYST-2IP  14. CITYST-2IP  15. TITLE  15. CHARLOTTE NC  15. TITLE  15. TITLE  15. CHARLOTTE NC  15. TITLE  15. T						-					
T1. Pursuant to the provisions of sections 607 C502 and 607.1508. Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered office or registered agent of both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent and one or registered agent agent and one of registered agent agent and one or registered agent				•		83				1	
11. Pursuant to the provisions of sections 607 (5002 and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent, and accept the obligations of, section 607, 3505, Florida Statutes.  SIGNATURE  Signature, types of protect name of registered agent and site if applicable.  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE  PD						84	City		85 Zir	Code	
office or registered agent! or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE			<u>[</u>						<del>- 1 1 _ </del>		
Agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE    Description   Signature, typed or posed norre of registered agent and title if applicable.   (NOTE: Registered Agent aignature required when nervolation).   DATE	11. Pursuant office or	t to the provision registered agen	is of sections 607.0502 t! or both, in the State	2 and 607,1508, Florida Statt of Florida, Such change wa	utes, the ab s authorized	ove-i i bv	named corpora the corporatior	tion submits this statement for the purpose i's board of directors. I hereby accept the a	of changing its a	registered registered	
Addition	agent. I	am familiar with	and accept the obliga	ations of, section 607.0505,	Florida Stat	utes.		· · · · · · · · · · · · · · · · · · ·			
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD	SIGNATURE		!						_		
TITLE	12	Signature, typed or p			·	red Ag	ent signature require			ORS IN 12	
NAME   LORICK, F.W. JR.   12 NAME   13 STREET ADDRESS   315 E 5TH ST   13 STREET ADDRESS   14 CITY-ST-ZIP   CHARLOTTÉ NC   14 CITY-ST-ZIP   CHARLOTTÉ NC   Change   Addition	TITLE	PD				lΕ		7,52,7,52,7,52,7,52,7,52,7,52,7,52,7,52			
STREET ADDRESS   CHARLOTTE NC			w. Jr.		1.2 NA	ME					
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TITLE					1.4 CI	Y-ST-	ZIP				
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CHARLOTTE NC	NAME	LORICK, F.	Ŵ., III		2.2 NA	ME			_ ,		
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NAME         NYE, PHIL L         312 NAME           STREET ADDRESS         315 E 5TH ST         3.3 STREET ADDRESS           CITY-ST-ZIP         CHARLOTTE NC         3.4 CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change Addition           NAME         4.2 NAME         4.3 STREET ADDRESS         4.4 CITY-ST-ZIP           CITY-ST-ZIP         DELETE         5.1 TITLE         Change Addition           NAME         5.2 NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS         CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change Addition           NAME         6.2 NAME         Addition	CITY-ST-ZIP	CHARLOTT	Ė.NC		2.4 CF	Y-ST-	ZIP	والموادر المراجعة والمستوعونية		<u> </u>	
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CHARLOTTE NC   3.4 CITY-ST-ZIP   Change   Addition	NAME	NYE, PHIL	لِ		3.2 NA	ME					
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	STREET ADDRESS		İ		6.3 ST	REET.					
6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  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 suppliemental 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 on an attachment with an address.

SIGNATURE: