Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90163 009 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT# P16116

ÖÖÜÜÜÜ	QUÁNA: DIS Í UISO Í NACTOON		enelle i sæl	-						
Principal Place of Business Mailing Address						]	i iffilitie (B) iibim diimi iibid) ii	979 4141 81811 61		
510 JANUS RD NE PALM BAY FL 32907 PALM BAY FL 32907 US US						DO NOT WRI	TE IN THIS	SPACE		
		•				į.	Date Incorporated or Qualifed			
							09/25/1987			
Principal Place of Business     2a. Mailing Address							FEI Number		<u> </u>	pplied For
21 26							43-1097360	_		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5.	Certificate of Status Dasired	-		Additional equired
City & State	City & State	State			6.	Election Campaign Financing		\$5.00	May Be	
23		28	28			ļ	Trust Fund Contribution		Added	to Fees
Zip Country Zip			Country			8. This corporation owes the current year Intangible				
24	25 29 30		30				Personal Property Tax.		Yes	⊠No
	9. Name and Address of Currer	nt Registered Agent				10.	Name and Address of New I	Registered /	Agent	
	ANNOUGANG TARRES		8	1	Name					}
CUNNINGHAM, JAMES 510 JANUS RD NE			8	82 Street Addr			O. Box Number is Not Accept	able)		
PALM BAY FL 32907			8	83						
			8	4	City		•	FL	<b>85</b> Zip	Code
		A COT AFOR FILE Statute	a sha aha		comed come	ration	aubmits this statement for the		changing it	s registered
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was at	itnonzea b	y tr	ne corporation	ration r's bo	ard of directors. I hereby acce	pt the appoir	ntment as re	egistered
SIGNATURE							·	DATE	<u>-</u>	·
7,7			<del></del>	agistered Agent signature required			ADDITIONS/CHANGES TO OF		D DIRECT	ORS IN 12
12.	OFFICERS AND DIRECTORS  PTD			13. 1.1 TITLE			ADDITIONS/CHANGES TO GE	I IOLINO AIN	Change	
TITLE	CUNNINGHAM, JAMES P.		1.2 NAME							_
NAME	510 JANUS RD NE			1.3 STREET ADDRESS						
STREET ADDRESS				1.4 CITY-ST-ZIP						i
CITY-ST-ZIP			_	2.1 TITLE					Change	Addition
TITLE				2.2 NAME						ļ
NAME	510 JANUS RD NE	V4 24, 2222	- 1		ADDRESS	-	يسيري والمسادين	. ~		
STREET ADDRESS	PALM BAY FL		2.4 CITY							\ \
CITY-ST-ZIP	DELETE 3.17				-211				Change	☐ Addition
TITLE NAME			3.2 NAME		}					1
STREET ADDRESS			3.3 STRE	ET A	ADDRESS					Ì
CITY-ST-ZIP			3.4. CITY							
TITLE		☐ DELETE	4.1 TITLE						☐ Change	Addition
NAME			4. 2 NAM	IĘ.						
STREET ADORESS					ADDRESS					İ
CITY-ST-ZIP			4.4 CITY		1					
TITLE		☐ DELETE	5.1 TITLE						Change	Addition
NAME			5.2 NAME	E	1					Į
STREET ADDRESS			5.3 STRE	ET (	ADDRESS					
				,						
CITY-ST-7IP			5.4 CITY		ZIP		_			
CITY-ST-ZIP		☐ DELETE	1	-ST-	ZIP				Change	Addition

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, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP