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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90164 046 \*\*\*150.00

•	1999 DIVISION OF CORPORATIONS			03-10-1999 90164 046 ***150.00			
	MENT # P2282	9					
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Principal Place	e of Business	Mailing Address			- 1 (60)(60) 510 150(0 5100) 10510 11010 1013 0103	- AIAII DIRKI BIRII ACI	Sti Bibli ikal
518 PATIN ROAD 518 PATI		518 PATIN ROAD	ATIN ROAD				
CARENCRO LA 70520		CARENCRO LA 70520			DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed		
					02/01/1989	,	ļ
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number	Арр	olied For
21		26			72-1007745	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
22		27			5. Certificate di Status Dosifica	Fee Rec	uired
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00 N	- 1
23		28	Country		Trust Fund Contribution	Added to	Fees
Zip			Country		8. This corporation owes the current year Intangible  Personal Property Tax.   Yes   No		
24	4 25 29 9. Name and Address of Current Registered Agent		30	Personal Property Tax. L.J.\  10. Name and Address of New Registered Ager			
	3. Name and Address of Con	ent Kegistered Agent	81 N	Name			
CON	NER, DANNY				(C.O. Care N) about New Accordable		
3418 WEST KENNEDY			82 8	Street Addre	ess (P.O. Box Number is Not Acceptable)		}
TAMPA FL 33609			83	<del></del>			
			84 (	City		. 85 Zip C	:ode
				•	F	<b>L</b> [_]	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	s, the above-n	amed corpo	ration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing its r	registered
office of r agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obi	igations of, Section 607.0505, Flori	ida Statutes.	e corporation	in a Board of directors. Thereby accept the app	omanom do rog	
SIGNATURE							\
12.	Signature, typed or printed name of registered	agent and title if applicable (NOTE: AND DIRECTORS	Registered Agent sk	gnature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	D	DELETE	1.1 TITLE	$\overline{}$		Change	Addition
NAME			1.2 NAME	i			
STREET ADDRESS	210 RUE CHAVANIAC		1.3 STREET AD	DORESS			{
CITY-ST-ZIP	and a summer than the		1.4 CITY-ST-Z				
TITLE			2.1 TITLE			☐ Change	Addition
NAME	Toward Conditions		2.2 NAME	)			Ì
STREET ADDRESS			2.3 STREET AD	DDRESS			
CITY-ST-ZIP	LAFAYETTE LA		2.4 CITY-ST-ZIP				
TITLE	☐ DELETE		3.1 TITLE			☐ Change	☐ Addition
NAME			32 NAME	\			
STREET ADDRESS			3.3 STREET AD	DDRESS			
CITY-ST-ZIP	<u></u>	<u> </u>	3.4. CITY-ST-Z	ZIP		☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE			L. Criange	☐ Addicon
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET AD				. }
CITY-ST-ZIP			4.4 CITY-ST-ZI	OP -		Change	Addition
TITLE		C) OCCUR	5.1 NAME				
NAME			5.3 STREET AD	DDRESS			
STREET ADDRESS			5.4 CITY-ST-Z				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME	)			}
CTOCET ADDOCCS			6.3 STREET AD	DDRESS			j

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 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 the attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-03-99 Date

1-800-662-6484

Daytime Phone #