FILED

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90042 042 ***150.00

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CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P26616**

1. Corporation Name

Principal Place 4251 NORTH RO DURHAM NC 23	a of Business DXBORO RD.	Mailing Addi PO BOX 1544 DURHAM NC US	48			DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed 10/26/1989	•	
2. Principal P	lace of Business	2a. Mailing A	2a. Mailing Address			4. FEI Number Applied For		
21			6			56-1352644		Applicable
Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.			5. Certifcate of Status Desired \$8.75 Additional Fee Required		
City & Stat	e	City & Si	tate			6. Election Campaign Financing Trust Fund Contribution	\$5.00 h Added to	
Zip	Country	Zip		Country	y	8. This corporation owes the current year Int		
24	25	29	30	D		Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Age	ent	81	Name	10. Name and Address of New Registered	Agent	
WILLIAMS, WAYNE 5102 POE AVE. TAMPA FL 33629						Iress (P.O. Box Number is Not Acceptable)		
					3			
				84	City		85 Zip C	ode
SIGNATURE	Signature, typey or printed name of registered ag	gent and title if applicable.	Way	yne Wiggistered Age	illiams	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint of the purpose of the		
12.		ND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
	PD WHITE, MICHAEL E.	L	_ nere te	1.1 1111.6				
TITLE	i vvoite Mil.OAPLE			40 51412			Gridings	
NAME			l	1.2 NAME	1		ondings	
NAME STREET ADDRESS	208 TRACY TRAIL			1.3 STREE	ET ADDRESS		Ondings	
NAME STREET ADDRESS CITY-ST-ZIP	208 TRACY TRAIL DURHAM NC		□ DELETE	1.3 STREE 1.4 CITY-S	ET ADDRESS			•
NAME STREET ADDRESS CITY-ST-ZIP	208 TRACY TRAIL DURHAM NC VD	[□ DELETE	1.3 STREE 1.4 CITY-5 2.1 TITLE	ET ADDRESS ST-ZIP		☐ Change	Addition }
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	208 TRACY TRAIL DURHAM NC VD WHITE, SHIRLEY ANN		DELETE	1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	ET ADDRESS ST-ZIP			•
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6.4 CITY-ST-ZIP 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 chapped, or open attachment with an address, with all other like empowered.

5,1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

5,3 STREET ADDRESS

6,3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

DELETE

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Miael E. White

919.479.2121

2/23/99

☐ Change

☐ Change

☐ Addition

☐ Addition