PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P30887

1. Corporation Name

FILED Mar 10, 1999 8:00 am Secretary of State

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Principal Place	e of Business	Mailing Address				. Bibli giĝij iebi
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BESSEMER AL 35023 BESSEMER AL 35023						
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<u> </u>		1 A 10 11 1 A 11 1 1 1		09/07/1990 4. FEI Number		lind Cas
	lace of Business	2a. Mailing Address	e lane		- - -	pplied For ot Applicable
21 365 Suite, Apt.		26 3651 Tin	e whe	63-0476191	¢9.75	Additional
	#, etc.			5. Certifcate of Status Desired	75.1	tequired
City & State		City & State		6. Election Campaign Financing)-Mav-Be
	semer AL	28 Ressemer	. AZ	Trust Fund Contribution	11	to Fees
Zip	Country	Zip	Country		ent year Intangible	
	22 25 Jefferson	29 35022 3	o Jefferson	Personal Property Tax.	Yes	⊠ No .
	9. Name and Address of Current			10. Name and Address of New I	Registered Agent	
			81 Name			1
1	CORPORATION SYSTEM		82 Street Addre	ess (P.O. Box Number is Not Accepta	able)	
	S. PINE ISLAND ROAD		02) 01.000,1001			
) PLAI	NTATION FL 33324		83			
			84 City		85 Zip	Code
ì			'		FL	}
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named corpo	oration submits this statement for the	purpose of changing it	s registered
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	2 and 607.1508, Florida Statutes of Florida. Such change was auti ions of, Section 607.0505, Florid	, the above-named corporation or ized by the corporation is statutes.	oration submits this statement for the on's board of directors. I hereby accept	purpose of changing it of the appointment as r	s registered egistered
11. Pursuant office or r agent. I a	m ramiliar with, and accept the obligati	ions of, Section 607.0505, Fiorid	la Statules.			s registered egistered
agent. I a	in ramiliar with, and accept the obligation is signature, typed or printed name of registered agent	t and title if applicable. (NOTE: R	egistered Agent signature required	d when reinstating)	DATE	
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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.

SIGNATURE: 4