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4 PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

	1999	WE WE SE	. DIVISION OF	CORPORA	ATIONS	_					
DOC	JMENT # P39	9433						02-10-1999 900)35 043 ***1	50.00	
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P.O. BOX 1659 INVERNESS FL 34451-1659			P.O. BOX 1659								
			INVERNESS FL 32651				DO NOT WRITE IN THIS SPACE				
US						The state of the s	3. Date Incorp	orated or Qualife			
	•	•	•				06/26/19	92	•		
2. Principal Place of Business			2a. Mailing Address				4, FEI Numbe	•		<u> </u>	pplied For
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Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate	of Status Desired		• -	Additional equired
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	9. Name and Addres	s of Current Re	gistered Agent		04 1		10. Name and	Address of Nev	v Registered	Agent	
ÐI	ETRACH, PATRICIA M				81 Nam	_					
	461 EAST GULF-TO-LAKE	HIGHWAY			82 Stre	et Addres	s (P.O. Box Nu	mber is Not Acce	ptable) ·		
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				1	84 City				FL	85 Zip	Code
i											
11. Pursua	ant to the provisions of Section	ons 607.0502 and	d 607.1508, Florida Statu	ites, the ab	ove-name	ed corpora	ation submits th	is statement for the	he purpose of	changing it	s registered
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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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

24060 DEER RUN RD

BROOKSVILLE FL

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED

Feb 10, 1999 8:00am

Secretary of State