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 # P9200005805

	ED AUTOBOUT OF BREVA				
Principal Place	e of Business	Mailing Address			
3350 DIXIE HWY NE US 1 PALM BAY FL 32905		3350 DIXIE HWY NE US 1 Palm Bay FL 32905		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed 12/01/1992	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3154739	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		City & State		- Charles One in Classics	
City & Stat	e	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 30	Country	This corporation owes the current year Ir Personal Property Tax.	ntangible ☑Xyes ☐No
24	9. Name and Address of Curre		71	10. Name and Address of New Registered	d Agent
			81 Name		
Ortner, gary n 3350 dixie hwy ne US 1 Palm Bay Fl 32905		82 Street Address (P.O. Box Number is Not Acceptable)			
			83		
			84 City	FI	85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 607.1508, Florida Statutes, e of Florida, Such change was auth	the above-named corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	of changing its registered pintment as registered
11. Pursuant office or r agent. I a SIGNATURE	im familiar with, and accept the oblig	ent and title if applicable. (NOTE: Re	egistered Agent signature require		
agent. I a	Signature, typed or printed name of registered as	pent and title if applicable. (NOTE: Re	egistered Agent signature require		IND DIRECTORS IN 12
agent. I a	Signature, typed or printed name of registered ac OFFICERS A	ent and title if applicable. (NOTE: Re	egistered Agent signature require 13. 1.1 TITLE	ed when reinstating) DATE	
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered ac OFFICERS A DP ORTNER, GARY N	pent and title if applicable. (NOTE: Re	ngistered Agent signature require 13. 1.1 TITLE 1.2 NAME	ed when reinstating) DATE	IND DIRECTORS IN 12
agent. Fa	Signature, typed or printed name of registered ac OFFICERS A DP ORTNER, GARY N 393 HIAWATHA WAY	pent and title if applicable. (NOTE: Re	ngistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating) DATE	IND DIRECTORS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS: CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS A DP ORTNER, GARY N 393 HIAWATHA WAY MELBOURNE BEACH FL	ent and title if applicable. (NOTE: Re ND DIRECTORS	ngistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ed when reinstating) DATE	ND DIRECTORS IN 12 Change Addition
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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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

407 768-2605

FILED

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90172 029 ***150.00

☐ Change

___ Addition