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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90151 020 ***150.00

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1. Corporation	n Name	3001 100			
ABACO-I	PALMA CEIA, INC.				
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Principal Place	e of Business	Mailing Address		-	il Aditi Bailt sanat ilait naith aiti inai
3225 SOUTH M		3959 VAN DYKE RD.			
TAMPA FL 3361		#392		DO NOT MOUTE IN	THE PRACE
US		LUTZ FL 33549 US		DO NOT WRITE IN 3. Date Incorporated or Qualifed	THIS SPACE
		03		11/24/1992	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3152024	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	^	City & State		6. Election Campaign Financing	\$5.00 May Be
23 City & State	····	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current y	rear Intangible
24	25	29 3	0	Personal Property Tax. 10. Name and Address of New Regis	
	9. Name and Address of Curre	ent Registered Agent	81 Name M		
JAC	OBSON, RICHARD A			IANUEL A. Duri	ana
% F0	OWLER, WHITE, GILLEN, BOGO	GS, ETAL	82 Street Add	ress (P.O. Box Number is Not Acceptable)	nch lall.
501	E KENNEDY BLVD SUITE 1700	1	83	12/ 4.6/10-0	1011
TAM	IPA FL 33602		24 20		OF Zin Code
}			84 City L	U:TZ	FL 85 Zip Code 49
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statutes	, the above-named com	poration submits this statement for the purp	ose of changing its registered
office or r	registered agent, or bottly in the Stat	e of Florida. Such change was aut	norized by the corporation	on's board of directors. I hereby accept the	appointment as registered
ı agentıa	primar minate with a nual ascept the owns	fations of, Section 607,0303, Front	วล อเลเนเ ย ง.		
1		nand		VANUARY 1, 179	9
SIGNATURE	Marure J. W. Signature, typed or printed name of registered as	Many (NOTE: R	Registered Agent signature require	od when reinstating)	ATE
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable (NOTE: R	Registered Agent signature require	VANUARY 1, 179	ERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered as OFFICERS A	Many (NOTE: R	tegistered Agent signature require 13. 1.1 TITLE	od when reinstating)	ATE
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered as OFFICERS A DPT BRAVO-SAEZ, JESUS	gent and title if applicable (NOTE: R	13. 1.1 TITLE 1.2 NAME	od when reinstating)	ERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A DPT BRAVO-SAEZ, JESUS 5406 BLUE HERON LANE	gent and title if applicable (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	od when reinstating)	ERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS A DPT BRAVO-SAEZ, JESUS 5406 BLUE HERON LANE WESLEY CHAPEL FL	gent and title if applicable (NOTE: R	13. 1.1 TITLE 1.2 NAME	od when reinstating)	ERS AND DIRECTORS IN 12
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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 true received 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.

6.4 CITY-ST-ZIP

SIGNATURE:

MUMED NAME OF SIGNING OFFICER OR DIRECTOR