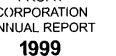
04-27-1999 90148 002 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT





FLORIDA DEPLIRTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

i. Corporation	MENT # P9200 & S, INC.	0008424						
Principal Place of Business Mailing Address								
311 W. MARION AVE. PUNTA GORDA FL 33950		311 W. MARION AVE. PUNTA GORDA FL 33950				DO NOT WRITE IN THIS SPACE		
						3. Date Ir corporated or Qualifed		
						12/02/1992		
Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For		
21						65-0402531 Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		
City & State		City & State	¬ · · · · · · · · · · · · · · · · · · ·		_	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip				8. This corporation owes the current year Intangible		
24	9. Name and Address of Curr	29	30			Personal Property Tax.		
MOORLEY, SAM G. 311 W. MARION AVE. PUNTA GORDA FL 33950 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was autiliagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				a by ti	City	Address (P.O. Box Number is Not Acceptable) Restaurable Parallel Restaurable Restaurable		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: R				d Agent	signature req	equired when reinstating) DATE		
12.		AND DIRECTORS	13.			ADDITIC NS/CHANGES TO OFFICERS / ND DIRECTORS IN 12		
TITLE	PT	☐ DELETE	111	ITLE		☐ Change ☐ Addition		
NAME	MOORLEY, SAM G.			IAME	1			
STREET ADDRESS	29 LAURA DR		1.3 STREE					
CITY-ST-ZIP	WESTBURY NY 11590	Cl pc: ETC	1.4 CITY-5		ZIP	☐ Change ☐ Addition		
TITLE	VPS	☐ DELETE	2.1 TITLE		Ţ	Change		
NAME	MOORLEY, KUSIL S.		2.2 NAME					
STREET ADDRESS	ANTON ANY ALEGO				ADDRESS			
CITY-ST-ZIP	WESTBURY NY 11590	☐ DELETE	2.4 CITY-		-ZIP	☐ Change ☐ Addition		
TITLE		□ nere+e	3.1 TITLE 3.2 NAME		- 1			
NAME			1		*DODEOC			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		DELETE	3.4. C	TTY-ST	-217	Change Addition		
TITLE		□ pereie		NAME	Ì			

14. Thereby 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 a nnual 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.

SI	GN	AΤ	UR	E:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4,4 CITY-ST-ZIP

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

Change

Change

☐ Addition

Addition