PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000009027

EXECUT	IVE COMPUTER SERVICE		C. 							
Principal Place of Business Mailing Address							,			
1264 SETTLER'S LOOP P. O. BOX 1350 GENEVA FL 32732 GENEVA FL 32732							DO NO	T WRITE IN THIS	SPACE	
U\$ U\$						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
						11/30/1	•	(Uanicu		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			A	pplied For
26						59-3153	3345		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required				
City & Stat	to.	City & State				6 Election (`ampaign Fin	ancing	\$5.00	May Be-
23	le	28								
Zip	Country 25	Zip 29	Count	try			oration owes Property Tax	the current year Int	angible Yes	ŒNo.
71	9. Name and Address of Cur		_ (==)			<u> </u>	_ 	f New Registered	Agent	
V. Halling and river and at agriculturing start					Name					- · ·
	ARLES E. CUTLER 4 SETTLER'S LOOP		1	82	Street Add	dress (P.O. Box N	umber is Not	Acceptable)		
GENEVA FL 32732			8	33						
				84	City			FL	85 Zip	Code
agent. I a	registered agent, or both, in the starm familiar with, and accept the ob	· President			signature requi	red when reinstating)		2 28	199	
12.	, <u> </u>	AND DIRECTORS	13.			ADDITION	S/CHANGES	TO OFFICERS AN		
TITLE	PVTS			1.1 TITLE					Change	☐ Addition
NAME	Of Barelo E. Co.LER.			1.2 NAME						
STREET ADDRESS	1251 52112211 5 2551		1.3 STR	1.3 STREET ADDRESS						
CITY-ST-ZIP	GENEVA FL		1.4 CITY						hange	Addition
TITLE	S	DELETE 2:		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		- A-lac . I	charle	. A.	Mange	
NAME	LONG, WANDA A.		2.2 NAM	2.2 NAME		UTIES	Harce i	~~		
STREET ADDRESS			2.3 STR	EETA	ADDRESS	264 3211	س حدیدار س	27727		
CITY-ST-ZIP	GENEVA FL	ENEVA FL		2.4 CITY-ST-ZIP		reneva	<u> </u>	3202	☐ Change	Additio
TITLE		DELETE	3.1 TITL							
NAME	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		3.2 NAM				-			
STREET ADDRESS			3.3 STR	EET A	ADDRESS					
CITY-ST-ZIP				3.4, CITY-ST-ZIP			 :		Change	Additio
TITLE		☐ DELETE	4.1 TITL							
NAME			4. 2 NAM							
STREET ADDRESS	3				ADDRESS					
CITY-ST-ZIP		☐ DELETE	4.4 CITY		ZIP			.	☐ Change	Addition
TITLE			5.1 TITL 5.2 NAM						□ change	
NAME					NODESC	-				
STREET ADDRESS					ADORESS					
CITY-ST-ZIP		DELETE	5.4 CITY 6.1 TITL		UP				Change	☐ Addition
TITLE			6.2 NAN						C Simigo	La ridation
NAME										

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90086 031 ***150.00