PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000013606

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90043 010 ***150.00

R.J.2, IN	C.			
Principal Plac	e of Business	Mailing Address	-	T (BB)(BB) (ID IB)(B (BL) SELIA OBIN) CENIN OCIDI (ILEGE IVINO BINI) CENIN OCIDI
123 ELISE DR				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
				12/22/1992
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-3231178 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired
City & State City & State				6. Election Campaign Financing \$5.00 May Be
23 28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29	10	Personal Property Tax. Yes No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Agent
VOUNTLE D.T.				R. T. Konuth
KOHUTH, R T 123 ELISE DR			82 Street Addr	ress (P.O. Box Number s Not Acceptable)
E PALATKA FL 32131			83	712 Cl 71. Aug
			84 City	0)) ? - 85 Zip Code _
,				relativa FL 32177
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE				
	Signature, typed or printed name of registered	<u> </u>	* · · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		AND DIRECTORS ☐ DELETE	13.	Change Addition
TITLE	PVST	O Deterie	1.2 NAME	
NAME	KOHUTH, R T		1.3 STREET ADDRESS	
STREET ADDRESS				
CITY-ST-ZIP	E PALATKA FL 32131	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	☐ Change ☐ Addition
TITLE			2.2 NAME	
NAME	i			
STREET ADDRESS			2.3 STREET ADORESS	
CITY-ST-ZIP		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	Change Addition
TITLE			3.2 NAME	
NAME			3.3 STREET ADDRESS	
STREET ADDRESS				
CITY-ST-ZIP		☐ DELETE	3.4. C/TY-ST-ZIP 4.1 TITLE	☐ Change ☐ Addition
TITLE			4. 2 NAME	
NAME OTDEET ASSOCIACE			4.3 STREET ADDRESS	
STREET ADDRESS	']	•	4.4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		<u> </u>	5.2 NAME	_ , _
			5.3 STREET ADDRESS	
STREET ADDRESS	Ì		5.4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
			6.2 NAME	_ , _
NAME			6.3 STREET ADDRESS	•
STREET ADORESS	1		5.5 CTT4_CT ADD/4200	•

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.