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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9300005855

Principal Place of Business Mailing Address 3 ORANGE AVE ROCKLEDGE FL 32955 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/19/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number FD. 2162109	 Corporation 	n Name						- 1					
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Zip		ic.	28	ony a ciato						- 1			
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent HOUZE, REBECCA S 3 ORANGE AVE ROCKLEDGE FL 32955 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its resistered agent, or both, in the State of Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its resistered agent, or both, in the State of Floridal Statutes, and accept the obligations of, Section 607.0505, Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its resistered agent, or both, in the State of Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its resistered agent, or both, in the State of Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its resistered agent, or both, in the State of Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its resistered agent, or both, in the State of Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its resistered agent, or both, in the State of Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its resistered agent, or both, in the State of Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its resistered agent, or both, in the State of Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its resistered agent, or both, in the State of Floridal Statutes, the corporation submits this statement for the purpose of changing its resistered agent, or both, in the state of Floridal Statutes, the corporation submits this statement for the purpose of changing its resistered agent, or both, in the state of Floridal Statutes, the corporation submits this s		Country	20	Zip	Cou	intry			8. This corporation owes	the current ye	ear Intangible		
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HOUZE, REBECCA S 3 ORANGE AVE ROCKLEDGE FL 32955 82 Street Address (P.O. Box Number is Not Acceptable) 83 Reference of 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 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed risine of registered agent and title if applicable. ROTE: Registered Agent algorithms from the intensity of the corporation's board of directors. I hereby accept the applicationent as registered agent algorithms from the provision of the provision o			t Regis	tered Agent					10. Name and Address o	f New Regis	tered Agent		
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ROCKLEDGE FL 32955 84				•		82	Street	Address	(P.O. Box Number is Not	Acceptable)			
### City ### Addition 11. Pursuant to the provisions of Sections 607.0502 and 507.1508, 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 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 and of registering agent and state if applicable. Part of 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 depends of the purpose of changing its registered office or registered agent of the purpose of changing its registered office or registered agent of the purpose of changing its registered of the purpose of changing its registered office or registered agent of the purpose of changing its registered office or registered agent of the purpose of changing its registered office or registered agent of the purpose of changing its registered agent of the purpose of changing its registered agent of the purpose of change in the purpose of chang													
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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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or prised name of registered agent and title if applicable. Professioned Agent signature required when reinstalling) DATE						84	City				85	Zip Co	de
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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 charteed, or or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRÉSS

CITY-ST-ZIP

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90063 032 ***150.00