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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000030983

1. Corporation Name

ABUNDANT LIFE NETWORK, INC.

Principal Plac	e of Business	Mailing Address						J0100 HIII (00)
210 3RD AVE S JACKSONVILLE BEACH FL 32250 210 3RD AVE S JACKSONVILLE FL 32250								
US US						RITE IN THIS SPA	ACE	 1
					3. Date Incorporated or Qualif 04/26/1993	80		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		 	olied For
21		26			59-3176099	·	1 1401	Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired	, 🗆 \$	8.75 A Fee Red	ι
27					0.71			·
City & Stat	e	28			6. Election Campaign Financii Trust Fund Contribution	^{ng} 🗆	\$5.00 i Added to	
23 Zip	Country	Zip	Count	trv	8. This corporation owes the o	current year Intanci		71 003
24	25	29	30	,	Personal Property Tax.	· -		⊠No
	9. Name and Address of Currer		130		10. Name and Address of Ne	w Registered Age		
				31 Name				
MITT	'S, david a		_	2 C A	tidence (D.O. Boy Number is Not Appe	antable) - 4		
1318 PONTE VEDRA BLVD.				Street A	Address (P.O. Box Number is Not Acco 114 Bromlev Poin			
PON	ITE VEDRA BEACH FL 32082		1	33		13		
			Ļ	14 000 4			El Zio C	· oho
			1	City C	icksonnile	FL *	Zip C	1 25
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the abo	ove-named o	corporation submits this statement for	he purpose of char	nging its I	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a tions of Section 607 0505. Flo	authorized t orida Statut	by the corpor	ration's board of directors. I hereby ac	cept the appointme	ant as reg	ustered
• •								
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOT)	E: Registered A	gent signature re	quired when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO			
τιπιε	DP	☐ DELETE	1.1 TITU	E			Change	☐ Addition
NAME	MITTS, DAVID A		1.2 NAM	E				
STREET ADDRESS	s 210 3RD AVE S			EET ADDRESS				ļ
CITY-ST-ZIP_	JACKSONVILLE BEACH FL 32		1.4 CITY	-ST-ZIP		·		
TITLE		☐ DELETE	2.1 TITU	E (Change	Addition
NAME			2.2 NAM	E				
STREET ADDRESS	·	* * -	2.3 STR	EET ADDRESS				
CITY-ST-ZIP			2.4 CIT	/-ST-ZIP				
TITLE		☐ DELETE	3.1 TITL	E			Change	Addition
NAME			3.2 NAM	E				Ì
STREET ADDRESS			3.3 STR	EET ADDRESS				
CITY-ST-ZIP			3.4. C/T	/-ST-ZiP		<u></u>		
TITLE		DELETE	4.1 TITL	E			Change	☐ Addition
NAME			4.2 NAM	NE .	•			l
STREET ADORESS			4.3 STR	EET ADDRESS				Ì
CITY-ST-ZIP			4.4 CITY	-ST-ZIP				
TITLE		☐ DELETE	5.1 TITL	F			Change	Addition
NAME		•	5.2 NAM	Į.				ļ
STREET ADDRESS				EET ADDRESS	•			1
CITY-ST-ZIP				-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Ц	Change	Addition
NAME			6.2 NAM					
STREET ADDRESS			6.3 STR	EET ADDRESS				}

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP