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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000031552

## **FILED** Mar 31, 1999 8:00 am Secretary of State 03-31-1999 90010 048 \*\*\*150.00

720 MAGNOLIA AVE NEW SMYRNA BEACH FL 32170-1304  720 MAGNOLIA ST NEW SMYRNA BEACH FL 32168 US  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 04/20/1993  4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State  City & State  Zip Country  Zip Country  Applied For South, Apt. #, etc. Suite, Apt. #, etc. Suite	1. Corporation							
Principal Place of Business	4906J ,	INC.						
Principal Place of Business								1318 i 11118 3151 3151
Principal Place of Business								
NEW SMYRNA BEACH FL 32170130M  NEW SMYRNA BEACH FL 32180   3. Date Incorporation of Qualified On/20/1983  2. Principal Phase of Business   2.s. Minimp Address   4. FEI Number   Applied For	Principal Place of Business Mailing Address							***************************************
NEW SAYRINA BEACH FL 22170-1294  NEW SAYRINA BEACH FL 22189  2. Principal Place of Business 2. 2. Making Address 4. FE Number 3. Suite, April 8, etc. 5. Suite, April 8, etc. 7. Suite, April 8, etc. 8. Suite, April 8, etc.	720 MAGNOLIA AVE 720 MAGNOLIA ST					(		
2. Principal Place of Business   2a. Mailing Address   3. Fee Invalided   04/20/1993   3. Fee Invalided   04/20/1993   3. Fee Invalided   04/20/1993   3. Fee Invalided   38.75 Additional Fee Feetings   26. Suite, Apt. 9, etc.   27.   27.   27.   27.   27.   27.   28. This corporation of Status Deared   58.75 Additional Fee Feetings   28.   29.   29.   29.   20.   29.   29.   20.   29.   29.   20.   29.   29.   29.   20.   29.   29.   29.   20.   29.						DO NOT	VOITE IN THIS SOACE	
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Sulfa, Apt. 6, etc. 27   Sulfa, Apt. 7, etc. 27   Sulfa, Apt. 27   Sulfa	<u>├</u>						<del></del> -	
State   Stat						59-3211547	60.	
City & State   City & State   City & State   City & State   Trust Fund Contribution   Made to Fees   Added to Fees   Trust Fund Contribution   Trust Fund Co	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desire	1 1 1	
Addition   Country   Zip   Country   But   But   Country   But					<del></del>			
20   20   20   20   20   20   20   20						_ · · · · · · · · · · · · · · · · · · ·		
9. Name and Address of Current Registered Agent  WILEY, DAVID J 720 MAGNOLIA STREET NEW SMYRNA BEACH FL 32168  83  64 City  FL B5 Zip Code  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above and corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutes, the above and corporation submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Statutes, the above and corporation submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Statutes, the above and corporation submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Statutes, the above and corporation submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Statutes, the above agent a								ded to Fees
9. Name and Address of Current Registered Agent  WILEY, DAVID J 720 MAGNOLIA STREET NEW SMYRNA BEACH FL 32168  82 Street Address (P.O. Box Number is Not Acceptable)  83 Septiment 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 agent. I am immiliant with, and except the obligation of. Section 607,0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am immiliant with, and except the obligation of. Section 607,0503. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am immiliant with, and except the obligation of. Section 607,0503. Florida Statutes.  SIGNATURE SIGNATURE SIGNATURE PSTD WILEY, DAVID J DELETE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAWE 13. STREET ADDRESS 007. NATLANTIC AVE NEW SMYRNA BEACH FL 32169 DELETE 21. TITLE 22. NAWE 23. STREET ADDRESS 007. ST.2P 10. DELETE 21. TITLE 22. NAWE 23. STREET ADDRESS 007. ST.2P 10. DELETE 21. TITLE 22. NAWE 23. STREET ADDRESS 007. ST.2P 13. NAWE 13. STREET ADDRESS 007. ST.2P 14. TITLE 24. NAWE 25. NAWE	Zip	<u> </u>	<del></del>		1			- rsα
WILEY, DAVID J 720 MAGNOLIA STREET NEW SMYRNA BEACH FL 32168  82 Street Address (P.O. Box Number is Not Acceptable)  13. Street Address (P.O. Box Number is Not Acceptable)  14. 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 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 accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and the first agent and the floridation of the purpose of changing its registered agent agent, and the floridation of the purpose of changing its registered directors. I hereby accept the appointment as registered agent, and the floridation of the purpose of changing its registered directors. I hereby accept the appointment as registered agent, and the floridation of the purpose of changing its registered agent, and the floridation of the purpose of changing its registered directors. I hereby accept the appointment as registered agent, and the floridation of the purpose of changing its registered directors. I hereby accept the appointment as registered agent, and the floridation of the purpose of changing its registered agent, and the floridation of the purpose of changing its registered directors. I hereby accept the appointment as registered agent, and the purpose of changing its registered agent, and the floridation of the purpose of changing its registered agent, and the floridation of the purpose of changing its registered agent, and the floridation of the purpose of changing its registered agent and the floridation of the purpose of changing its registered agent and the floridation of the purpose of changing its registered agent and the floridation of the purpose of changing its registered agent and the floridation of the purpose of ch	24			30				
WILEY, DAVID J 720 MAGNOLIA STREET NEW SMYRNA BEACH FL 32168  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  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 agent. I am familiar with, and accept the obligations of, Section 67.0505, Florida Statutes.  85 SIGNATURE  80 OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. TITLE  97 D  90 N ATLANTIC AVE  13. STREET ADDRESS  91 NEW SMYRNA BEACH FL 32169  14. CITY-ST-2P  17. DELETE  18. AUGN-ST-2P  18. DELETE  18. AUGN-ST-2P  18. AUGN-ST-2P  19. Addition  19. AUGN-ST-2P		9. Name and Address of Currer	nt Registered Agent			10. Name and Address of No	w Kegistered Agent	
720 MAGNOLIA STREET NEW SMYRNA BEACH FL 32168  82 Street Address (F.O. Bux Number is Non Acceptable)  83 Street Address (F.O. Bux Number is Non Acceptable)  FL 85 Zip Code  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 agent, or both, in the State of Florida Submits and Statutes, the above-named corporation submits this statement for the purpose of Changing Its registered agent, or both, in the State of Florida Submits and Statutes, the above-named corporation submits this statement for the purpose of Changing Its registered agent, or both, in the State of Florida Submits and Statutes, the above-named corporation submits this statement for the purpose of Changing Its registered agent, or both, in the State of Florida Submits and Statutes, the above-named corporation submits this statement for the purpose of Changing Its registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of Changing Its registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of Changing Its registered agent age				81	Name			
720 MAGNOLDA STREET NEW SMYRNA BEACH FL 32168  84 City  FL 85 Zip Code  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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named 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, the above-named 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, the above-named 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, the above-named 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, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I have a property accept the appointment as registered agent. I have a property accept the appointment as registered agent. I have a property accept the appointment as registered agent. I have a property accept the appointment as registered agent. I have a property accept the appointment as registered agent. I have a property accept the appointment as registered agent. I have a property accept the appointment as registered affects. I have a property accept the appointment as registered affects. I have a property accept the appointment as registered affects. I have a property accept the appointment as registered affects. I have a property accept the appointment as registered accept the appointment as registered agent. I have a property accept the appointment as registered accept the appointment as registered accept the appointme				82	Street	Address (P.O. Box Number is Not Acc	eptable)	
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 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 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 agent accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, hypod or period name of registered agent and tide if applicable. (NOTE: Registered Ages agreety required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  12. NAME  13. STREET ADDRESS  OTY-ST-ZP  SIME ADDRESS  OTY-ST-ZP  14. CITY-ST-ZP  15. TITLE  15. TITLE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. TITLE  15.	720 MAGNOLIA STREET			-			· · · · · · · · · · · · · · · · · · ·	
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 affice 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 sected the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and tild if applicable.  12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE   PSTD   DELETE   13 TITLE   Change   Addition   12 NAME   13 STREET ADDRESS   13. STREET ADDRESS   13. STREET ADDRESS   14. CITY-ST-2P   14. CI	NEW	/ SMYRNA BEACH FL 32168		83	1			
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11. Pursuant to the provisions of Sactions 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 in an familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE    Signature, typed or preted name of legistered agent and title if applicable.   (IACTE Registered Agent algorities required when reinstating)   DATE     12.				84	City		FL  85	Zip Code
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of director's. Tieferby accept the application of Section 607 (505). Floridal Statuties.    Signature   Si	44 Durayant	to the provisions of Sections 607.050	22 and 607 1508 Florida Statute	s the abov	e-named	corporation submits this statement for	the purpose of changir	g its registered
SIGNATURE    Signature   Signa	office or r	registered agent or both in the State	of Florida. Such change was au	ithorizea di	the corbo	pration's board of directors. I hereby a	ccept the appointment	s registered
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12.	SIGNATURE					- constant at a solution	DATE	(
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TITLE   DELETE   3.1.TITLE   Director   Change   Addition   NAME   32.NAME   David J Wiley   STREET ADDRESS   33.STREET ADDRESS   720 Magnolia St   CITY-ST-ZIP   New Smyr.na Beach FL 32168   Change   Addition   NAME   4.2.NAME   NAME   4.2.NAME   STREET ADDRESS   CITY-ST-ZIP   DELETE   S.1.TITLE   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   NAME   S.2.NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   NAME   S.3.STREET ADDRESS   CITY-ST-ZIP   Change   Addition   NAME   S.3.STREET ADDRESS   CITY-ST-ZIP   Change   Addition   NAME   CANAME   NAME   CAN	STREET ADDRESS	T ADDRESS,		2.3 STREE	T ADDRESS			
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34.CITY-ST-ZIP   New Smyrna Beach FL 32168   Addition				3.3 STREE	T ADDRESS			
TITLE							30140	
A.2 NAME	CDELETE			<del></del> -	HEW SINGICIAL BEACH FL	□ Cha	nge Addition	
A3 STREET ADDRESS   A4 CITY_ST_ZIP   A4 CITY_ST_ZIP		\					_ <del>-</del>	\
A4 CITY-ST-ZIP								.
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31REC   MUNICOS	NAME		☐ DELETE					l.
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	STREET ADDRESS		∐ DELETE	6.2 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.