Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90099 046 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000037508

1, Corporation Name

| Principal Place 12092 SUGAR F WEST PALM BE | PINE TRAIL | Mailing Address 12092 SUGAR PINE TRAIL WEST PALM BEACH FL 3341 | 4 | | | DO NOT WRITE | | | |
|---|---|--|---------------------|------------------|----------------|--|-------------|--------------------|-----------------------|
| | | | | | | 3. Date Incorporated or Qualifed | | UI AUL | |
| | | | | | | 05/21/1993 | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | | Ap | plied For |
| 21 | | 26 | | | | 65-0415206 | | | t Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certifcate of Status Desired | | \$8.75 / Fee Re | Additional equired |
| City & State | lination | City & State 28 Wellingt | -1^ | | | Election Campaign Financing Trust Fund Contribution | | • | May Be to Fees |
| Zip | Country | Zip | Cour | itry | | 8. This corporation owes the curren | t year Inta | ingible | |
| 24 | 25 | 29 3 | 0 | | | Personal Property Tax. | | Yes | □No |
| | 9. Name and Address of Current | Registered Agent | | | | 10. Name and Address of New Reg | gistered A | Agent | |
| 1 14 14 | ED 100EDU | | | 81 | Name | | | | |
| Huber, Joseph 12092 Sugar Pine Trail West Palm Beach Fl 33414 | | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable | e) | | |
| AAEO | 1 PALM BEACH FL 33414 | | 1 | 83 | | | • | | |
| | | | | 84 | City | ······································ | FL | 85 Zip | Code |
| office or r | to the provisions of Sections 607,0502 egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent | ons of, Section 607.0505, Florid | norizea la Statu | tes. | ine corporatio | oration submits this statement for the pun's board of directors. I hereby accept to the punch of | he appoir | ntment as re | gistered |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OFFIC | CERS AN | D DIRECTO | DR\$ IN 12 |
| TITLE | PD | ☐ DELETE | 1.1 1111 | LΕ | | * 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | Change | ☐ Addition |
| NAME | HUBER, JOSEPH | | 1.2 NA | ME | | | | | |
| STREET ADDRESS | 12092 SUGAR PINE TR | | 1.3 STF | REET | ADDRESS | | | | |
| CITY-ST-ZIP | WEST PALM BEACH FL | | 1.4 CIT | Y-ST | -ZIP | | | | |
| TITLE | ٧ | ☐ DELETE 2 | | 2.1 TITLE | | | | Change | Addition |
| NAME | Huber, Aaron | | 2.2 NA | ME | | | | | |
| STREET ADDRESS | 12092 SUGAR PINE TR | | 2.3 ST | REET | ADDRESS | | | | |
| CITY-ST-ZIP | W PALM BEACH FL | | | 2. 4 CITY-ST-ZIP | | | | | |
| TITLE | T | ☐ DELETE | | 3.1 TITLE | | | | ☐ Change | Addition |
| NAME | HUBER, CINDA | | 3.2 NA | ME | | | | | |
| STREET ADDRESS | 12092 SUGAR PINE TR | | 3.3 STI | REET | ADDRESS | | | | |
| CITY-ST-ZIP | W PALM BEACH FL | | 3.4. CITY- | | T-ZIP | | | | |
| TITLE | | ☐ DELETE | 4.1 TITI | LE | | | | Change | Addition Addition |
| NAME | | | 4.2 NA | WE | | | | | |
| STREET ADDRESS | | | 4.3 STI | REET | ADDRESS | | | | |
| CITY-ST-ZIP | | · · · · · · · · · · · · · · · · · · · | 4.4 CIT | | -ZIP | | | | |
| TITLE | | ☐ DELETE | 5.1 TIT | LE | | • | | Change | Addition |

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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

Addition

☐ Change