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PROFIT CORPORATION ANNUAL REPORT

1999



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FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90072 022 ***150.00

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Principal Place		5		lailing Add														
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US US										DO NOT WRITE IN THIS SPACE							,	
											Date Incorpora		lifed					{
											05/25/1993	<u> </u>				T	Cad Fau	-
2. Principal Place of Business				2a. Mailing Address							FEI Number	A			-	+ ::	Applicable	1
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Suite, Apt. :	#, etc.		27	Suite, A	pi. #, eic.					5. (Certifcate of S	itatus Desire	ed			ee Rec]
City & State	e		 ,	City & S	State					6. E	Election Camp	paign Financ	cing		\$:	5.00 i	May Be	
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Zip		Country		Zip		Co	untry			8. 1	This corporation	on owes the	curren	it year li		•		
24		25	29			30					Personal Prop				☐ Ye		ĭNo	1
	9. Name	and Address of Curren	t Regi	stered Ag	jent		-	••		10. 1	Name and Ac	idress of N	ew Re	gistered	Agent			1
18/II C	ON TOUR	1					81	Name										Ì
	SON, JOHN	i Shores dr					82	Street A	ddress	s (P.0	O, Box Numb	er is Not Ac	ceptab	le)				1
	ASOTA FL						83											-
OAIU	AUUIAIL	01201					63											
							84	City			. 10.75			FI	85	Zip C	ode	}
11. Pursuant t	to the provis	ions of Sections 607 050	2 and (607.1508.	Florida Statute	s, the a	above	-named co	orpora	ation :	submits this s	tatement fo	r the pi	rpose c	f chang	ing its	registered	1
office or re	egistered ag m familiar wi	ions of Sections 607.050; ent, or both, in the State th, and accept the obligat	of Flori	ida. Such	change was at	ithorize	ed by to	the corpor	ation's	s boa	ard of directors	s. I hereby a	accept	the appo	ointmen	as reg	istered	{
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SIGNATURE														DATE				
SIGNATURE	Signature, typed	or printed name of registered ager	nt and title	e if applicable.		Registere	ed Agen	t signature req	quired wi				O OFFI	DATE CERS A	ND DIF	ECTO	RS IN 12	
SIGNATURE			nt and title	e if applicable.		Registere	ed Agen		w beriup		nstating) DDITIONS/CH	ANGES TO	O OFFI			ECTO	RS IN 12	
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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 chapter on an attachment with an address, with all other like empowered.

SIGNATURE:

E CTOHNS WILSON

(941) 925-9250