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**

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

03-02-1999 90015 030 ***150.00

DOCUMENT # POSOCOM8712

Corporation PHYLLIS	J. GRAVES, P.A.	0046712						
Principal Place of Business Mailing Address						The second secon	3475	
8845 PINEHURST DR. 8845 PINEHURST DR.						The second secon	مواحر المدرو فحر	'
SEMINOLE FL 33777 US SEMINOLE FL 33777 US						DO NOT WRITE IN THIS SPACE		
US		03				3. Date Incorporated or Qualifed		
						07/06/1993		. }
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21		26				59-3195699	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75	Additional
22		27				5. Certificate of Status Desired	Fee Re	equired
City & State	9	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Count	гу		8. This corporation owes the current year In		_ ·
24	4 25 29		30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered	Agent	
			8	1 Nam	ie			
GRAVES, PHYLLIS J			8	2 Stre	et Addre	ss (P.O. Box Number is Not Acceptable)		
7779 STARKEY RD SEMINOLE FL 33777			8	2		<u> </u>		
OLIM	NOLE IE GOITT		١	1				
			8	4 City		FL	85 Zip (Code
office or re agent. I as SIGNATURE	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered a	e of Flonda. Such change was a pations of, Section 607.0505, Flo	autnorized b orida Statute	y the co es.	грогацоі	ration submits this statement for the purpose of a board of directors. I hereby accept the apportunity when reinstating)	intment as re	gistered
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	
TITLE	D DELETE		1.1 TITLE	1.1 TITLE			Change	Addition
NAME	GRAVES, PHYLLIS		1.2 NAMI					•
STREET ADDRESS	7779 STARKEY ROAD	727	1.3 STRE	ET ADDRE	ss			
CITY-ST-ZIP	SEMINOLE FL	35/77	1.4 CITY	ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE			-	☐ Change	☐ Addition
NAME			2.2 NAM	Ē				
STREET ADDRESS			2.3 STRE	ET ADORE	ss			Ì
CITY-ST-ZIP			2.4 CITY	-ST-ZIP	_]			
TITLE	☐ DELETE 3.1		3.1 TITLE				Change	☐ Addition
NAME			3.2 NAM	E		ar ma		٠, .
STREET ADDRESS			3.3 STRE	ET ADDRE	ss			
CITY-ST-ZIP			3.4. CITY	-ST-ZIP				
τπιε		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAM	E				
STREET ADDRESS			4.3 STRE	ET ADDRE	ss			
CITY-ST-ZIP			4.4 CITY	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME			5.2 NAM				•	
STREET ADDRESS			5.3 STRE	ET ADDRE	SS			
CITY-ST-ZIP			5.4 C/TY					المادر والسا
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAM					
STREET ADDRÉSS			6.3 STRE	ET ADDRE	SS			
CITY-ST-ZIP	1		6.4 CITY	·ST-ZIP		,		

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.