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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000059836

Principal Place of Business Mailing Address 105 E NORTH PARK ST. OKEECHOBEE FL 34972 OKEECHOBEE FL 34972 OKEECHOBEE FL 32960							
12.14 5-					IN THIS SPACE		
				3. Date incorporated or Qualifed 08/26/1993			
Principal Place of Business 2a. Mailing Address				4. FEI Number		Applie	ed For
'l				65-0431675			pplicable
Suite, Apt. #, etc.				5. Certifcate of Status Desired	1 7		
City & State City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
28							
				1 .		_	
							No
dress of Current Registered	Agent	84	Namo	10. Name and Address of New Regi	stered Agent		
1			Hame				
		82	Street Addre	ss (P.O. Box Number is Not Acceptable))		
		83					
••							
			City		FL	•	
Sections 607.0502 and 607.150 ooth, in the State of Florida. Su accept the obligations of, Secti	08, Florida Statutes, th ch change was authori on 607.0505, Florida S	e above ized by Statutes.	-named corpo the corporation	ration submits this statement for the pur o's board of directors. I hereby accept th	pose of changin le appointment a	g its reç ıs regist	jistered ered
	<u>. </u>						\
Olymetric, types of principles			t signature required			CTORS	IN 12
OFFICERS AND DIRECTOR							
c				ADDITIONS GIANGED TO OT 101	ERS AND DIRE		Addition
Edita, dieter			ì	ADDITIONS OF INTEREST TO OFFICE			
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for indicated on this annual report or supplemental annual report is true and accur officer or director of the corporation or the receiver or trusted empowered to explock 12 or Block 13 if changed, or on an attachment with an address with all emption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an the this report as required by Chapter 607, Florida Statutes; and that my name appears in

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY+ST-ZIP

TITLE

NAME

Change

Addition