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FROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT# P9300063363

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90015 045 ***150.00

i. Corporation	LEGIS PAR						
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Dringing Blood	of Business	Mailing Address			-		DO SELLO DILIDO ELLA PODA
Principal Place of Business 5330 MORGAN HORSE DR N 5330 MORGAN HORSE DR N							
JACKSONVILLE FL 32257 JACKSONVILLE FL 32257					DO NOT WOLF	IN THE COAC	-
					DO NOT WRITE 3. Date Incorporated or Qualifed	IN THIS SPACE	<u>-</u>
					09/07/1993		
2 Principal Pl	ace of Business	2a, Mailing Address			4. FEI Number	<u> </u>	Applied For
21	26				59-3200441		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		.75 Additional
22	e garden (f. f.) E de garden de	27					ee Required
一 ・	City & State City & State				6. Election Campaign Financing Trust Fund Contribution		5.00 May Be
23 Zin	in Country Zip Country			· · · · · · · · · · · · · · · · · · ·	This corporation owes the current		
Zip	[25]		30	•	Personal Property Tax.	Ye	
	9. Name and Address of Curren				10. Name and Address of New Re	gistered Agent	
	. v 2-		8	1 Name			1
	STELLER, LARRY		8	2 Street Addre	ess (P.O. Box Number is Not Acceptable	e)	
	MORGAN HORSE DR N		L				<u> </u>
JACI	KSONVILLE FL 32257		8	3			1 1 1 1 1 1 1 1
			8	4 City		FI 85	Zip Code
	\$2, e'. E	0 4 CO7 4E09 Florida Statutos	the abo	we-named corno	pration submits this statement for the pr	rpose of changi	ing its registered
					n's board of directors. I hereby accept	the appointment	as registered
_	m familiar with, and accept the obligation	gons of, Section 607.0005, Florid	ua Statute				
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: F	Registered Ag	jent signature required	when reinstating)	DATE	
12.	OFFICERS AN	ID DIRECTORS	13.	1	ADDITIONS/CHANGES TO OFFI	CERS AND DIR	
TITLÉ	Р	☐ DELETE	1.1 TETLE	1	•		inginge CI notation
NAME	LARRY FURSTELLER,		1.2 NAM	E			
STREET ADDRESS	5330 MOPGAN HORSE DRIVE						
CITY-ST-ZIP			1	ET ADDRESS			
TITLE	JACKSONVILLE FL 32257	□ DELETE	1.4 CITY	- ST- ZIP			nange Addition
·	S	☐ DELETE	1.4 CITY 2.1 TITLE	- ST- ZIP	<u>, </u>		hange \ \Addition
NAME	S CLEMENTINA FURSTELLE,	☐ DELETE	1.4 CITY 2.1 TITLE 2.2 NAM	-ST-ZIP	The second of th	<u></u> [] CI	nange Addition
STREET ADDRESS	S CLEMENTINA FURSTELLE, 5330 MOPGAN HORSE DRIVE	☐ DELETE	1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE	ST-ZIP	January 2007 1 - 10 July 1		hange Addition
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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 changed, or on an attachment with an address, with all effect in the empowered.

SIGNATURE: