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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000069672

1. Corporation Name

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90012 048 ***150.00

ELLIS AF	RENA, INC.											
Principal Place	e of Ruciness	Mailir	ng Address				\dashv	(INDIVIDA ISE IBILD IXII) BAIXI I			!!!!! ! ##!# !! # !	10
Principal Place of Business Mailing Address 3306 E SWINDELL RD 3306 E SWINDELL RD												
PLANT CITY FL 33565 PLANT CITY FL 33565											•	
								DO NOT WR		SPACE		
							3	Date Incorporated or Qualifect				
								10/07/1993			A " 15	
	lace of Business	- -	lailing Address				4	FEI Number		\vdash	Applied For	
21		26						59-3207649		\$9.7	Not Applica 5 Additiona	
Suite, Apt.	#, etc.	_	uite, Apt. #, etc.				5	Certifcate of Status Desired			Required	']
City & State		27	ity & State			;	+-	Election Campaign Financing	-		00 May Be	
City & State	e	_	ny a State				6	Trust Fund Contribution		-	ed to Fees	
Zip	Country	28 Zi	ín	Cou	intry		١.	This corporation owes the cur	rent year Inta	_		
24	25	29	•	30	•		l°	Personal Property Tax.		Yes Yes	□No	
24	9. Name and Address of Cur		red Agent	1001			10). Name and Address of New	Registered A	gent		
					81	Name						
	s, John N				82	Street Add	trose (P.O. Box Number is Not Accep	table)			_
	6 E SWINDELL RD				62	Street Add	11633 (1 .O. DOX (4011)001 10 1401 7.00. 1)				
PLA	NT CITY FL 33565				83							
						5"				85 2	ip Code	
•					84	City			FL	65 2	.ip Code	
office or r	to the provisions of Sections 607.1 egistered agent, or both, in the Stim familiar with, and accept the ob	tate of Florida.	Such change was	authorized	ı bv t	ine comorati	poration's t	on submits this statement for this coard of directors. I hereby acceptance	ept the appoir	tment as	registered	30
_		Angelionio on, mi	00,000,11	oriua otat	0100.							
SIGNATURE	Signature, typed or printed name of registered	d agent and title if ap	oplicable. (NOT			t signature require	red wher		DATE			
_	Signature, typed or printed name of registered OFFICERS		oplicable. (NOT	E: Registered	l Agent		red wher	reinstating) ADDITIONS/CHANGES TO O				
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6.4 CITY-ST-ZIP CITY-ST-ZIP this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information argued report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an iver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in the with an address, with all other like empowered. 14. I hereby certify that the information indicated on this annual reporting officer or director of the complete that the information of the complete that the information in the information of the information in the inform

SIGNATURE: