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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

LICCANIA CONCEDUCTION CONDANY

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Principal Place	of Business	Mailing Address	,			1 18011331	(18 16188 (1151 88111 80	PING MUNICIPAN	INDDI ILDOI SICA	# 15111 1 06 1 1 86 1
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						3. Date Incorpor		TE IN This	SPACE	
						10/13/199				}
2. Principal Pla	ce of Business	2a. Mailing Addr	ress			4. FEI Number	<u> </u>	—— ·	A	plied For
21	00 01 222022	26				65-044395	57			ot Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #,	etc.			5. Certificate of			\$8.75	Additional
22		27				5. Ceruicale or	Status Desired		Fee R	equired
City & State		City & State		•		6. Election Cam				May Be
23		28				Trust Fund C				to Fees
Zip	·		г	Country		}	ion owes the curr	rent year Ini		□No
24	25	29		30		Personal Pro	'	20nietorod	☐ Yes	LINO
	9. Name and Address of Cur	rent Kegisterea Agent		81	Name	IV. Name and A	OGIOSS OI IVOW I	(BBISIELON	Agent	
KELLE	R. CLAYTON									
	CANNON LANE			82	Street A	Address (P.O. Box Numb	er is Not Accepta	able)		
	YERS FL 33912			83	 					
									 -	
				84	City			FL	85 Zip	Code
11. Pursuant to	the provisions of Sections 607.	0502 and 607.1508, Flori	ida Statute	s. the above	e-named o	corporation submits this	statement for the		changing its	registered
office or reg	the provisions of Sections 607.1 gistered agent, or both, in the Sta familiar with, and accept the ob	ate of Florida, Such chan-	ige was aut	thorized by	the corpo	ration's board of director	rs. I hereby accep	pt the appoi	ntment as re	gistered
Į	familiar with, and accept the co	ngations of, occion co	Ubob, i ioin	Na Janan						
SIGNATURE SI	Ignature, typed or printed name of registered	agent and title if applicable	(NOTE: F	Registered Ager	nt signature re	equired when reinstating)		DATE		
12.		AND DIRECTORS					DANICES TO DE	EICEDS AN	ID DIDEOT	
I	PSTD			13.		ADDITIONS/C	HANGES TO OF	FICERS AI		
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6.4 CITY-ST-ZIPST-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 effectment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

MALES.

STREET ADDRESS

Holls Heres