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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999 DOCUMENT # 7300000000000000000000000000000000000		SECRETALICI UI STATE TALLAHASSEE, FLORIDA			
Principal Place of Business BLI E. LINS OLAS BLWD. FLA. 33301 2. Principal Place of Business 3. Page 1. Pa			DO NOT WRITE IN THE STATE OF TH	HIS SPACE Applied For	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State A A FLA	7 City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be	
Zip Country	28 Zip Co	ountry	Trust Fund Contribution 8. This corporation owes the current year	Added to Fees	
24 353/ 25 USA 9. Name and Address of Current R	29 30		Personal Property Tax. 10. Name and Address of New Registers	☐ Yes 🖺 No	
TOI MADOLIO	K BLUD A	83 84 City	ss (P.O. Box Number is Not Acceptable)	EL 85 Zip Code	
office or registered agent, or both, in the State of F agent. I am familiar with, and accept the obligation SIGNATURE	Florida, Such change was authorize s of, Section 607.0505, Florida Sta	ed by the corporation atutes.	i's board of directors. I hereby accept the ap	pointment as registered	
Signature, typed or printed name of registered egent end 12. OFFICERS AND D	DIRECTORS 13	ed Agent signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
D) JANET A. MARC 828 S.E. 4M SY	72 1 10000 (1211)	TITLE NAME		AND DIRECTORS IN 12 Change Addition Change Addition	
STREET ADDRESS PY . LAUD. , PZ	49.4020/ I	STREET ADDRESS CITY-ST-ZIP		LS \	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TEA MARCUS S.E. 47. S. FY. LAND, PLA.	7. D+v.P. 22 3320/ 23	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200002901 -06/17/99 ****558.75	77326 -01064018 5_****558.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.2 43:	NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	521 531 540	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	621 633 6.40	NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
14. I hereby certify that the information supplied with pins 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 a must report as required by Chapter 607, Florida Statutes and that I am an officer or director of the corperation or the accepted for trustee stripowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on any strachment with an address, with all other like empowered. SIGNATURE: Comparison Compari					