PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400007169

Country

9. Name and Address of Current Registered Agent

25

1, Corporation Name

Suite, Apt. #, etc.

City & State

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Zip

rincipal Place of Business	Mailing Address	
99 LOCKLER AVE ARASOTA FL 34237	739 LOCKLER AVE SARASOTA FL 34237	

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Suite, Apt. #, etc.

City & State

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90014 027 ***150.00



DO NOT WRITE IN THIS SPACE							
3.	Date Incorporated or Qualifed 01/20/1994						
4.	FEI Number		Applied For				
	65-0468460		Not Applicable				
5.	Certificate of Status Desired		\$8.75 Additional Fee Required				
6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees				
8.	This corporation owes the curr Personal Property Tax.	ent yea	r Intangible				
10.	0. Name and Address of New Registered Agent						

	81	Name			
MILLER, MATTHEW					
739 LOCKLEAR AVE	82	Street Address (P.O. Box Number is Not Acceptable)			
	<u> </u>				
SARASOTA FL 34237	83				
	L				
	84	City	51	85	Zip Code
			<u> </u>		
Described the applications of Continue 607 0502 and 607 1509 Florida Statutes the a	have	a-named cornoration submits this statement for the purpos	e of cr	ıandı	na its realsterea

Country

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Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature n	equired when reinstating) DATE		— \	
12.	OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	P DELETE	1.1 TITLE	ρ	Change	☐ Addition	
NAME	MILLER, MATTHEW	1.2 NAME	miller MAHLEW		.	
STREET ADDRESS	739 LOCKLEAR AVE	1.3 STREET ADDRESS	330 Sinclair Dr.			
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota FL, 34240			
TITLE	DELETE	2.1 TITLE		☐ Change	Addition	
NAME		2.2 NAME				
STREET ADDRESS		2.3 STREET ADDRESS				
CITY-ST-ZIP		2. 4 CITY-ST-ZIP			ļ	
TITLE	☐ DELETE	3.1 TITLE		☐ Change	Addition	
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS			l	
CITY-ST-ZIP		3.4. CITY-ST-ZIP		•		
TITLE	DELETE	4.1 TITLE		☐ Change	Addition	
NAME		4. 2 NAME	• .		j	
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	DELETE	5.1 TITLE		☐ Change	☐ Addition	
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	☐ DELETE	6.1 TITLE		Change	☐ Addition	
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				
CITY-ST-ZIP		6.4 CITY-ST-ZIP				

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 other like empowered.