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

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

SIGNATURE: Y

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

Mailing Address

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90276 005 ***150.00

			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed	
				FEBRUARY 10	0 1994
2. Principal P	Place of Business 2	a. Mailing-Address		4. FEt Number	Applied For
21 690	4 HAYAN HUENUR 26] PO BOX	3319	65 - 0492858	Not Applicable
Suite, Apt.	#, etc. Wesi #55 27	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Stat	DENTON 72 28	City & State	d EL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip.	Country 25 USA 29	34230 G	Country USA	This corporation owes the current year In Personal Property Tax.	ntangible No
24 34 6	9. Name and Address of Current Reg	1	0,0,7	10. Name and Address of New Registered	
	3. Name and Address of Current Reg	atorea Agent	81 Name /	1 0	- / iguii.
			111	ADIENNE HUN BO	OKEK.
			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	Jest #55
			02	904 AMA HUELLUE U	1601 1100
			83		
			84 City D		85 Zip Code
			yes yes	ADENTON FI	34209
11. Pursuant	to the provisions of Sections 607.0502 and	607.1508, Florida Statutes	the above-named corp	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	of changing its registered
agent. I a	registered agent, or both, in the State of Flor im familianwith, and accept the obligations of	of, Section 607.0505, Florid	nonzed by the corporational statutes.	on's board of directors. Thereby accept the appoint	milinent as registered
, SIGNATURE	Vilad :	Kinh.	A J	4-2	7-99
SIGNATURE	Signature, typed or printed name of registered agent and title	e if applicable (NOTE: R	tegistered Agent signature required		
12.	OFFICERS AND DIR	ECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HARRY C. BOOKER		1.2 NAME		
STREET ADDRESS	6904 444n Avenue 1	1100+#67	1.3 STREET ADDRESS		
CITY-ST-ZIP	Beadenton 71. 3420	<i>c</i>	1,4 CITY-ST-ZIP		
TITLE	Y. PRESIDENT	☐ DELETE	2,1 TITLE		Change Addition
NAME	ARDIENNE A BOOKE	-0	2.2 NAME		
		100+ #47	i		
STREET ADDRESS		-	2.3 STREET ADDRESS		
CITY-ST-ZIP	Beadenton In 3420	<u>'-</u>	2. 4 C(TY-ST-Z)P		Change Addition
TITLE		☐ DELETE	3,1 TMLE		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
. NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		
CITY-ST-ZIP	ertify that the information supplied with this	filing does not qualify for the		Section 119.07(3)(i), Florida Statutes. I further ce	ertify that the information
indicated of officer or of	on this annual report or supplemental annua	if report is true and accura trustee empowered to exe	te and that my signature ecute this report as requir	e shall have the same legal effect as if made und red by Chapter 607, Florida Statutes; and that n	der oath; that I am an