PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000025536

FILED Apr 20, 1999 8:00 am Secretary of State

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Principal Place	e of Business	Mailing Address				- '"	A KANDON USA HASUK MENSU M	ELII GOSIL ABIIL ABILL		1688 15148 8 441 48 8 4
5341 N. SOCRUM LOOP RD. 518 SOMERSET DR						1				
LAKELAND FL 33809 AUBURNDALE FL 33823						}				
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						1	corporated or Qua	lifed		
1	-						/1994			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Nu				Applied For
21 26						<u>59-32</u>	35433			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifoa	ate of Status Desire	ed 🔲	•	5 Additional
22		27								Required
City & Stat	e	City & State		·		1	n Campaign Financ	cing [May Be
23		28]				Trust F	und Contribution		Adde	ed to Fees
Zip	Country	Zip	Coun	try		í	rporation owes the	current year In		-
24	[25]	29	30				al Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name a	and Address of N	lew Registered	Agent	
DAV	IC HADVEY E		}'	81 Na	ame					
DAVIS, HARVEY F 404 HAVENDALE BLVD			ţī	82 St	reet Addre	ss (P.O. Box	Number is Not Ac	ceptable)		
	URNDALE FL 33823		Ĺ							
מטא	UNIVALE FL 33023		};	B3						, ,
	•		<u> </u>	84 Ci	itv				85 Z	ip Code
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11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	and 607.1508, Florida Statu	tes, the about	ove-na	med corpo	ration submit	s this statement fo	r the purpose of	f changing intment as	its registered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, FK	orida Statul	les.	COLPORATION	it s board or d	nectors. Thereby t	зосорі шю арро		rogistoros
SIGNATURE	*									
SIGNATURE	Signature, typed or printed name of registered agent		<u> </u>		ature required	when reinstating)		DATE		
12.	OFFICERS AND	DIRECTORS	13.	gent sign	ature required		NS/CHANGES TO			
	OFFICERS AND		13.	gent sign	ature required		NS/CHANGES TO		ND DIREC	
12.	OFFICERS AND DP DAVIS, DEBORAH J	DIRECTORS	13.	gent sign	ature required		NS/CHANGES TO			
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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, of on an attachment with an address, with all other like empowered.

SIGNATURE: