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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400030687

FILED Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90218 034 ***150.00

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Principal Place	e of Business	Ma	iling Address					E SONTINDA SAN ANTA MARIA MARIA MARIA MARIA	33 88	48 4 8 6)		
602 HARRISON AVE. 602 HARRISON AVE.												
SUITE 3 SUITE 3								DO NOT WRITE IN	THIS	DACE		
PANAMA CITY FL 32401 PANAMA CITY FL 32401							F	DO NOT WRITE IN 3. Date Incorporated or Qualifed	I mio d	PACE		
							-	04/19/1994	•			
2 0323230	Les of Divisions	1 20	Mailing Address					04/13/1334 4. FEI Number		ΙAn	olied For	
—	lace of Business	26	Mailing Address					59-3242907		, <u>, ,</u>	Applicable	j
21 Suite, Apt.	# etc	. 26	Suite, Apt. #, etc.							\$8.75 A		~ 1
22	<i>H</i> , 010.	27	,,,				- 1	5. Certifcate of Status Desired		Fee Re		
City & State	е		City & State				\neg	6. Election Campaign Financing		\$5.00	May Be	
23		28				_	- 1	Trust Fund Contribution		Added t	Fees	
Zip	Country		Zip	Coi	untry			8. This corporation owes the current ye	ear Inta	ngible	_	
24	25	29		30				Personal Property Tax.		☐ Yes	□No	
	9. Name and Address of Curre	nt Regist	ered Agent	_		_	1	0. Name and Address of New Regis	tered A	gent		
000	ATT AA AI				81	Name						ı
	OTT, M N				82	Street Add	dress	(P.O. Box Number is Not Acceptable)				
602 HARRISON AVE. SUITE 3												
	IAMA CITY FL 32401				83							
FAN	MINA CITT FL 32401				84	City			FL	85 Zip 0	ode	
11 Pursuant	to the provisions of Sections 607 050	02 and 60	7 1508 Florida Stat	utes, the a	above	-named cor	rpora	tion submits this statement for the purp	ose of c	hanging its	registered	
	registered agent, or both, in the State im familiar with, and accept the obliga-						tion's	board of directors. I hereby accept the	appoin	tment as re	gistered	
SIGNATURE	=					_	irad ush	no reinstation)	ATF			_
	Signature, typed or printed name of registered age	ent and title if	applicable. (NO	TE: Registere	d Agen	t signature requi	iired wh		ATE RS ANI	DIRECTO	RS IN 12	(80)
12.	OFFICERS A	ent and title if	applicable. (NO	TE: Registere	d Agen	_	ired wh	on reinstating) ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12	11/08)
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CITY-ST-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, of on an attachment with an address, with all other like empowered.

SIGNATURE: