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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400031017

1. Corporation Name

## Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90028 036 \*\*\*150.00

NAME         BARNES, KATHRYN J         1.2 NAME           STREET ADDRESS         112 NEWPORT SQUARE         1.3 STREET ADDRESS           CITY-ST-ZIP         SANFORD FL 32771         14 CITY-ST-ZIP           TITLE         DELETE         2.1 TITLE           NAME         22 NAME           STREET ADDRESS         2.3 STREET ADDRESS	112 NEWPORT SQUARE	•						
Principal Place of Business  ILAKE MARY FL 32795-2088  P.O. BOX 95008  LAKE MARY FL 32795-2088  P.O. BOX 95008  LAKE MARY FL 32795-2088  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  4. V/25/1994  2. Principal Place of Business  2. Mailing Address 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified  4. V/25/1994  2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified  4. V/25/1994  3. Date Incorporated or Qualified  5. Certificate of Status Desired  6. Election Campaign Financing  7. Person	112 NEWPORT SQUARE	•					201 <b>3</b> 0 11 <b>3</b> 15 <b>6</b> 11 <b>3</b> 3	
112 NEWPORT SOURE   P.O. BOX 952088   LAKE MARY FL 32795-2088   DO NOT WRITE IN THIS SPACE	112 NEWPORT SQUARE	•				-\	illät linit nalst	
SANFORD FL 32771  LAKE MARY FL 32795-2068  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 04/25/1994  4. Principal Place of Business 2a. Mailing Address 4. FE Number 59-3209002  Not Applied For 59-3209002  Not Applied For 59-3209002  Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State City & State City & State 23  Zip Country Zip Country Address of Current Registered Agent  LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134  B4  City CORAL GABLES FL 33134  B4  City FL  85  Zip Code  11. 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 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, in the Minimum and Complete Company of the Composition's Suprature registered Agent with, and accept the obligations of. Sections 607 0505, Florida Statutes.  SICINATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITIE PARKET ADDRESS  ANFORD FL 32771  TITLE DELETE 21 TITLE 21 DELETE 21 TITLE 21 TITLE 32 STREET ADDRESS  SIRECT ADDRESS  STREET ADDRESS  STR		P.O. BOX 302000						
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2. Principal Place of Business						·		
25   Suite, Apt. #, etc.   State   State								
Suite, Apt. #, etc.    Suite, Apt. #, etc.	<b></b>	2a. Mailing Address					<del> </del>	•
Section   Status   Section   Section   Status   Section   Section   Status   Section   Secti	21					59-3209002	~ <del>~~</del>	
City & State    City & State     City & State		<b>⊢</b>				5. Certificate of Status Desired		
23								<u> </u>
Zip Country Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax.		<del> </del> '				1		
24			Cou	intry		***************************************		o rees
9. Name and Address of Current Registered Agent  LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134  81 Name  Street Address (P.O. Box Number is Not Acceptable)  11. 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 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  BARNES, KATHRYN J  12. NAME STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  1.1 TITLE  DELETE  2.1 TITLE  Addit  NAME STREET ADDRESS  SANFORD FL 32771  1.4 CITY-ST-ZIP  TITLE  DELETE  2.1 TITLE  Addit  Addit  Addit  Change Addit  Change Addit  Addit  Change Change Addit  Change C	<del></del>	·	$\Box$	,		-		□No
LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134  84 City  FL  85 Zip Code  11. 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 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 OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PAMME BARNES, KATHRYN J 112 NEWPORT SQUARE 1.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS SANFORD FL 32771  DELETE 21 TITLE Addit Change Addit STREET ADDRESS			[30]	П				<u></u>
343 ALMERIA AVENUE CORAL GABLES FL 33134  84 City FL 85 Zip Code  11. 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 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.  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS SANFORD FL 32771  DELETE  21 TITLE  DELETE  21 TITLE  DELETE  22 NAME  STREET ADDRESS  STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED 343 ALMERIA AVENUE			81	Name			
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11. 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 registered 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: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  P  DELETE  1.1 TITLE  P  Change  Addit  Addit  AME  STREET ADDRESS  CITY-ST-ZIP  SANFORD FL 32771  DELETE  2.1 TITLE  Change  Addit  Addit  Change  Addit  Addit  Change  Addit  Addit  Change  Addit  Addit  Change  Change  Addit  Change	CORAL GABLES FL 33	9134		83				
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SIGNATURE   Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	office or registered agent, or b	oth, in the State of Florida. Such change was a	authorized	i by i	the corporation	n's board of directors. I hereby accept the appoi	ntment as re	gistered
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS IN 12  TITLE P DELETE 1.1 TITLE  NAME BARNES, KATHRYN J 1.2 NAME  STREET ADDRESS CITY-ST-ZIP  TITLE SANFORD FL 32771  DELETE 2.1 TITLE  2.2 NAME  STREET ADDRESS 2.3 STREET ADDRESS  STREET ADDRESS 2.3 STREET ADDRESS	•	accept the obligations of, Section 607.0505, Fi	orida Stat	utes.	•			
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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 of 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 or an attachment with an edgress, with all other like empowered.

**SIGNATURE:**